Evidence-based Practice and Practice-based Evidence

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"Evidence-based" has become the gold standard for determining funding. The terms evidence based medicine, treatment, guidelines, practice, models, etc are often used interchangeably. The distinctions are particularly important for the care of children with disabilities and complex medical conditions. Evidence based treatments refer to specific treatments which have been studied on specific and limited populations. These types of treatments are more amenable to study and validation because they limit variables, such as a single diagnosis, and use more easily measured outcomes. Affect, initiative, creativity, warmth, and reciprocity in complex dynamic systems are less often measured. For children with complex conditions, EBTs must be integrated into EB practice. Sackett[1] defined evidence based medicine as "the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients." EBP must integrate clinical expertise, knowledge, skills, experience, research, and patient choice. Decisions must take into account individual differences, not reflected in diagnostic group. Parent preferences and priorities must be included in weighing the benefits of treatment options for their child. EB practice is not simply an amalgam of evidence based treatments. There are now efforts to apply evidence based standards to complex and comprehensive treatment models, and to include evaluation of effectiveness in practice, but this is just beginning. Practice-based evidence informs research and research informs practice. Best outcomes require respect and balance between these two forces, which each have their strengths and limitations. We must resist the misuse of 'evidence based' terminology to limit practice decisions.

[1]Sackett, et.al. BMJ 1996;312:71-72 (13 January)