Nova Scotia Health Ethics Network

Fireside Chat Video Series
Discussion Questions

Ethics and the Use of Evidence-Based Medicine in Health Care Practice

Kirstin Borgerson – Associate Professor, Department of Philosophy; Cross-Appointed with Gender and Women's Studies, Dalhousie University

The following discussion questions are provided as an additional educational tool to accompany this fireside chat video. Please feel free to select the questions that are most relevant to your committee or group, and to revise and adapt them as needed. As always, we welcome feedback on this or any other NSHEN resource.

Questions:

1. Did the interview change your perception of evidence-based medicine? Why or why not?
2. In your opinion, what type of evidence should count as 'good' evidence in medicine?
3. Dr. Borgerson is concerned that the current hierarchy in evidence-based medicine may favour pharmaceutical interventions over life-style interventions; for example, because the former is more easily suited to evaluation in a randomised double-blind controlled trial. Do you share her concern? Why or why not?
4. Do you agree with Dr. Borgerson about the need for re-evaluation of clinical expertise and clinical experience as an important part of evidence-based medicine?
5. Discuss the risks and benefits of drawing more on clinical experience as part of evidence-based medicine.
6. Dr. Borgerson describes how biases and various interests of researchers shape the way clinical trials are conducted and results are interpreted, and raises concerns about the trustworthiness of medical research evidence. Do you think more should be done to uncover tactics and pressures that create biases in research? Discuss ways to address these problems at a system level.
7. Discuss ways for individual health care providers to accommodate critical assessment of evidence-based medicine in the clinical setting.
8. Discuss some possible ways to address the issue of uncertainty around evidence in communication with patients.
9. Discuss whether informed consent requires disclosure of uncertainty in the evidence base.

Resources

Borgerson, K. (2009). Why reading the title isn't good enough: An evaluation of the 4S approach to evidence-based medicine" *International Journal of Feminist Approaches to Bioethics* Vol 2 No 2: 152-175.

Borgerson, K. (2009).Valuing Evidence. Bias and Evidence Hierarchy of Evidence-based Medicine. *Perspectives in Biology and Medicine*. Vol 52, no 2:218-33. https://dalspace.library.dal.ca/bitstream/handle/10222/35695/project_muse_263282.pdf?sequence=1

Greenhalgh T., Snow R., Ryan S., Rees S., Salisbury H. (2015) Six 'biases' against patients and carers in evidence-based medicine. *BMC Med.* 2015; 13: 200. Published online 2015 Sep 1. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4556220/

Haynes, B. (2002) What Kind of Evidence is it that Evidence-Based Medicine advocates want health care providers and consumers to pay attention to? *Journal of Medical Ethics*; Vol 30, Issue 2. https://bmchealthservres.biomedcentral.com/articles/10.1186/1472-6963-2-3

Kelly, M.P., Heath, I., Howick, J. and Greenhalgh, T. (2015) The importance of values in evidence-based medicine. *BMC Med Ethics*. 2015; 16: 69. Published online 2015 Oct 12. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4603687/

Shyam A. (2015) Bias and the Evidence 'Biased' Medicine. *J Orthop Case Rep.* 2015 Jul-Sep; 5(3): 1–2. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4719387/

Slowther, A., S. Ford, and T. Schofield. (2004). Ethics of Evidence Based Medicine in the Primary Care Setting. *Journal of Medical Ethics*. Vol 30, Issue 2. http://jme.bmj.com/content/30/2/151

Tonelli, M. (1998) The philosophical limits of evidence-based medicine. *Academic Medicine* 73 12, 1234-1240.

Worrall, J. (2002) What Evidence in Evidence-based Medicine? *Philosophy of Science* 69: S316–S330.

Some articles require access with an institutional login. If you need assistance in accessing an article please email NSHEN administrator Krista Mleczko-Skerry at Krista.MleczkoSkerry@iwk.nshealth.ca