

# Teoria della Medicina Basata sulle Evidenze: critiche interne ed esterne

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## Riassunto

La teoria della Medicina Basata sulle Evidenze (EBM) pur nella importanza del suo principio informativo, offre spunto a critiche interne ed esterne.

Le critiche interne si identificano nei "bias" derivanti dai criteri di scelta dei lavori da "revisionare" e dei "revisori", dagli interessi di chi identifica la domanda di ricerca, dal livello di garanzia della regolare e trasparente diffusione dei risultati.

Un altro "bias" interno emerso recentemente consiste nel condizionamento economico che modula la pianificazione e il finanziamento della ricerca, la pubblicizzazione e diffusione dei risultati, che a loro volta supportano la stesura dei vari algoritmi, linee-guida, protocolli diagnostici e terapeutici, percorsi assistenziali.

Le critiche esterne sono di ordine metodologico ed epistemologico.

L'EBM è un fatto, cioè un costrutto umano, un artefatto della scienza. E nella scienza gli artefatti vengono di continuo rifatti attraverso demolizioni e ricostruzioni concettuali. Per tale motivo l'EBM non può essere la panacea positivista dei problemi della medicina, né il digesto aggiornato delle attualità mediche.

Pur con questi limiti vengono identificate le tappe sequenziali del processo diagnostico e terapeutico, nelle quali la teoria dell'EBM può trovare applicazione.

*PAROLE CHIAVE: Evidenze in medicina, Linee-guida, Errori, Epistemologia clinica*

## Evidence-based medicine: internal and external bias

*Evidence-Based Medicine (EBM) is an approach to clinical practice and teaching in which decision-making is based on analysis of results from clinical research. As such, it can be considered the scientific art of medicine, as it appears to be an emerging paradigm of scientifically based clinical care.*

*It de-emphasises intuition and unsystematic clinical experience and pathophysiologic rationale as sufficient grounds for medical decision-making and stresses the rigorous and formal analysis of evidence from clinical research. On EBM ground, clinical practise guidelines and algorithms or instructions can be developed aimed at solving a problem or accomplishing a task.*

*But in these processes the theory of EBM shows internal and external bias.*

*Among internal bias, economic-based interest may condition the development and diffusion of researches and their results. In addition it is well known that "systemic review" may be incorrectly guided, the results of literature can be inappropriately applied, the choice criteria to publish can be based only on the positive results of the study. But according to the modern epistemology, it will be helpful for clinicians to know when the evidence is negative as error improves science, then it should be better to publish also the negative results.*

*Another bias is consistent with the experience that guidelines and recommendations based on clinical evidence are not appropriate in every situation. Epistemological approach identifies external "bias" of EBM. It is consistent with the theory of "fact" as human construction. For these reasons it can storiically fade and then be restored according to new paradigm.*

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*EBM is a “fact” and its theory can be removed every time by relevant set of new or emerging better evidence of scientific data irrespective of how much previous processing of the evidence has taken place.*

*As every human fact, EBM theory cannot be evaluated as the scientific “totem” of the third millennium, neither the clinical digest of medical literature. Clinical evidence requires a great awareness of both the advantage and the limitation of EBM theory. Clinicians are looking for new strategies to apply to diagnostic and therapeutic pathways and for the clinical steps to better development implementation and evaluation of the art of medicine. (Giorn It Nefrol 2000; 17: 120-3)*

*KEY WORDS: Clinical-evidence, Guidelines, Bias, Epistemological approach*

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