Scandinavian Journal of Public Health, 2010; 38: 553–554

LETTER TO THE EDITOR

Can evidence-based medicine become counter-productive?

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Recently a meta-analysis about screening for alcohol consumption combined with brief intervention, has shown that men with risky drinking habits (not abuse) in a primary healthcare setting might reduce their alcohol intake by an average of 50 g alcohol per week. The intervention has no effect on females' drinking habits, but nevertheless GPs are now supposed to ask all patients about their alcohol habits [1].

However, as stated by Beich et al. [2], GPs seem to have serious concerns when applying the brief intervention strategy as routine and independent of the reasons for what the patients are attending their GPs. GPs are especially worried about the risk of wronging their patient, as acting like paternalists, and furthermore they find that the method creates more problems that it is supposed to solve. This, in our judgment, is because although the intervention is evidence-based, it is not sufficiently value-based. Value-based medicine is a complement to evidence-based medicine, also taking values into consideration [3]. The basic principle is that people tend to have legitimately different values that have to be taken into account in the medical consultation. Most important is that the patient's values are considered. Other values at stake are the patient–physician relationship; should we sacrifice this in order to reduce the alcohol-consumption for a limited number of men?

Within a GP setting, we have developed a patient-centered-method [4] for talking with patients about alcohol without asking about quantities and avoiding the described counter-productive effects [2]. The method is based on the symptoms or signs presented by the patient, e.g. insomnia or high blood pressure. The physician explains that some patients are sensitive to alcohol and might develop such symptoms. The physician then presents a hypothesis about a possible association between the patient's symptom and alcohol consumption. If the patient accepts the proposed hypothesis, the GP suggests that for the next 3 weeks the patient might reduce their alcohol consumption to half of the usual level. If the hypothesis is supported – the symptoms are reduced or eliminated – no more need be said. The patient has now received information on which to base his or her own decisions about future alcohol consumption. This method is value-based, but although we have indications that the method functions in a GP setting, it has not been systematically assessed regarding the average reduction of alcohol consumption.

The example shows that if the choice lies between an evidence-based but not value-based method and a value-based but not (yet) evidence-based method, it is not quite clear which one we should choose. In the present case, GPs would probably prefer the value-based to the evidence-based one.

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(Accepted 7 April 2010)

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DOI: 10.1177/1403494810371244

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