

Evidence

What's the meaning of?

Evidence-based medicine (EbM or EBM) is originally defined as the “conscientious, express and cautious use of current best evidence for decisions in the care of an individual patient”. EbM is therefore based on the respectively current state of research, clinical studies and medical publications – collectively termed “evidence”.

In the clinical practice of EbM, this means integrating individual clinical expertise with the best available external evidence from systematic research.

Building on this evidence-based individual decision for the individual patient, the term EbM is also used in evidence-based health care provision.

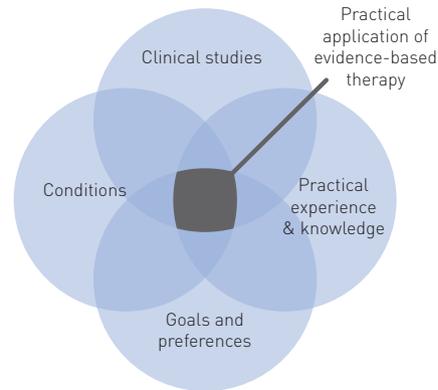
For this, the principles of EbM are transferred to the organisational and institutional level. This means that a treatment recommendation is not determined for individual affected persons, but for a group of affected people or for an entire population. Treatment recommendations, or guidelines, are diverted from the results of the research.

History of EbM

Evidence-based medicine (EbM) is therefore medicine based on “evidential material” and includes every form of medical treatment where patient-oriented decisions are taken explicitly on the basis of proven effectiveness. The proof of effectiveness is arrived at via statistical procedures. EbM therefore stands in contrast to forms of treatment for which no such proof of effectiveness is available.

The concept was formed in the early 1990s by Gordon Guyatt from the group working with David Sackett at McMaster University, Hamilton, Canada. In the German-speaking world, the first publications relating to the concept appeared in 1995.

The idea of evidence-based medicine can be traced back to the concept of “medical arithmetic”, developed in the second half of the 18th century by British doctors. The term is found for the first time in an article published in 1793 by the Scottish doctor George Fordyce, “An Attempt to Improve the Evidence of Medicine”. One of the first controlled clinical studies was



carried out in Great Britain. And as early as 1753, James Lind published the results of his trial into treating scurvy with oranges and lemons.

In the German-speaking world, it was in 1848 that the Hungarian doctor Ignaz Semmelweis (1818–1865), working in Vienna, introduced “systematic clinical observation” into medical research.

The book “Effectiveness and Efficiency: Random Reflections on Health Services” by Archie Cochrane, a British epidemiologist, published in 1972, marks the start of the current international work around EbM. His later works led to increasing acceptance of clinical epidemiology and controlled studies. Cochrane himself, sadly, did not live to see the establishment of the EbM movement. However, his efforts were recognised in that an international network for assessing effectiveness in medicine – the Cochrane Collaboration – was named after him.