

*ANSWERING
THE
BELSNICKEL-
WHAT DO WE DO WHEN
EVIDENCE ISN'T ENOUGH?*

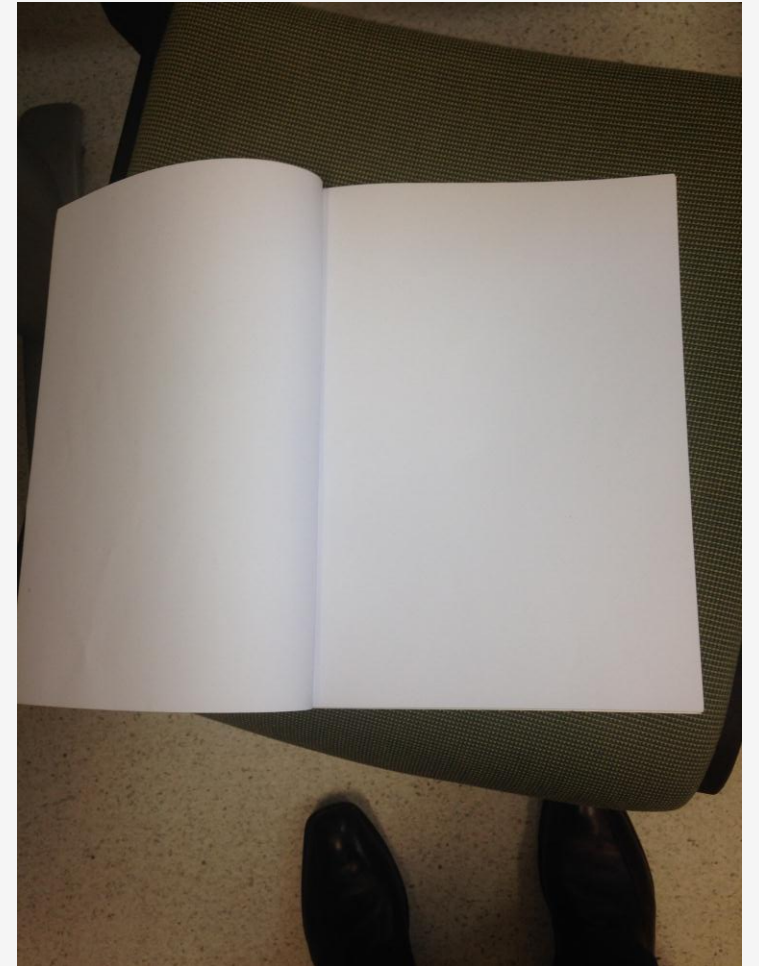
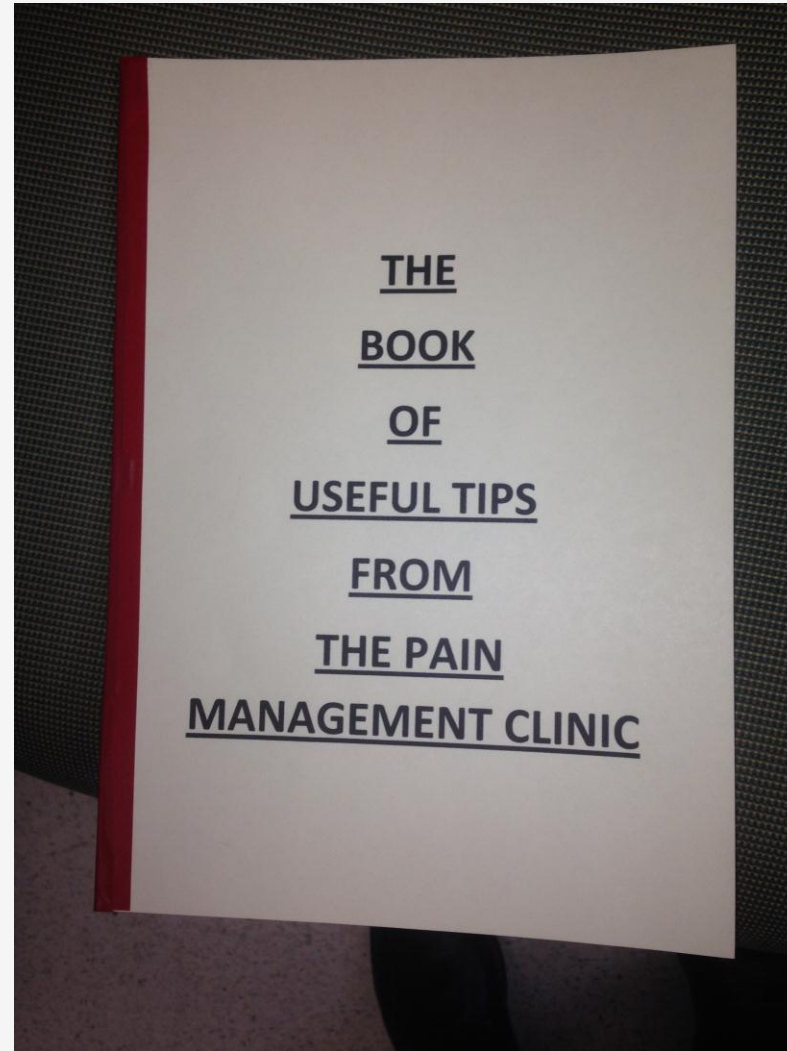
FPM Spring Meeting 2017

A what?

- A Belsnickel



*What one of
our
colleagues
thinks of
us....*



*A thought
experiment...*



*What could
we use to
rebuild
Pain
Medicine
from
scratch?*

- Faculty documents/guidelines
- The existing literature
- EBM guidelines
- Philosophy
- First principles?!?!



Faculty documents



- PM₁ – Opioids
- PM₃ – Epidural steroids 2010
- PM₆ – IT therapy 2013
- PM₉-Neuromodulation 2011
- PM₁₀ – Cannabinoids
- The Curriculum -2015
- BPM Modules


*The
Existing
Literature*



EBM guidelines?

- “There is a clinical effectiveness research agenda to provide evidence about strategies rather than interventions, to produce the overall best results in a population, in the shortest time, and at the lowest cost to healthcare providers.”

*From Cochrane Systematic Review
of Antiepileptic Drugs to Treat
Neuropathic Pain and Fibromyalgia*



Are there alternatives to Evidence-Based Medicine?

Basis of clinical practice


Basis for clinical decisions	Marker	Measuring device	Unit of measurement
Evidence	Randomised controlled trial	Meta-analysis	Odds ratio
Eminence	Radiance of white hair	Luminometer	Optical density
Vehemence	Level of stridency	Audiometer	Decibels
Eloquence (or elegance)	Smoothness of tongue or nap of suit	Teflometer	Adhesin score
Providence	Level of religious fervour	Sextant to measure angle of genuflexion	International units of piety
Diffidence	Level of gloom	Nihilometer	Sighs
Nervousness	Litigation phobia level	Every conceivable test	Bank balance
Confidence*	Bravado	Sweat test	No sweat

*Applies only to surgeons.

Also Convenience-based?

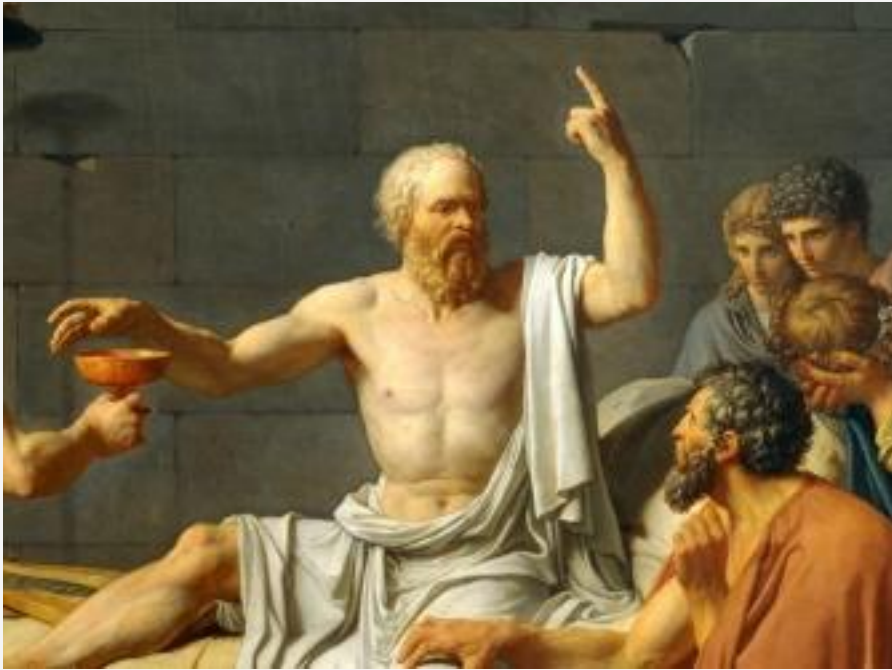
Science Based Medicine

sciencebasedmedicine.org


- Decision making in health care should be based on preclinical science from all disciplines
 - Avoid studying implausible claims or 'p-hacking'
 - Use EBM as input to Bayesian assessments of therapies
 - Could potentially help weigh treatment choices in the absence of robust evidence
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What about philosophy?


- Rationalism vs Empiricism
- Pellegrino and Thomasama
“the only solution is the search for a philosophy of medicine developed from the practice of medicine itself..”



*Types of
Therapy*
(after
Kim and
Gallis *Am J
Med Aug 1989*)

- Observation (physicianly inactivity)
 - Prophylaxis/prevention
 - Empiric therapy
 - Therapeutic trial
 - Specific Therapy
 - “Tar-baby” effect of ‘spiraling empiricism’
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*Clinical
Reasoning
(Sniderman et al
Mayo Clin Proc
2013;88(10))*

- Even the highest quality clinical evidence has significant limitations of generalizability
 - Guidelines cannot be the end point, but rather the start of the decision making process
 - Rational analysis is less susceptible to cognitive bias and takes account of the best available evidence
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Why are we doing Pain Medicine anyway?






How can SPMs be the heroes Australia needs?



*We need a
craft group
which is..*

- Diverse skill sets
 - Respectful of difference
 - Able to innovate safely while waiting for definitive evidence
 - United and articulate about what fundamentally matters to our enterprise
 - Capable of rapidly translating scientific advances into practice
 - Able to lead the profession and the community
 - Responsible with resources
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Then we can answer “Admirable”

