Clinical decisions should, as far as possible, be evidence based. So runs the current clinical dogma [1, 2]. We are urged to lump all the relevant randomized controlled trials into one giant meta-analysis and come out with a combined odds ratio for all decisions. Physicians, surgeons, nurses are doing it [3-5]; soon even the lawyers will be using evidence-based practice [6]. But what if there is no evidence on which to base a clinical decision?

PARTICIPANTS, METHODS, AND RESULTS

We, two humble clinicians ever ready for advice and guidance, asked our colleagues what they would do if faced with a clinical problem for which there are no randomized controlled trials and no good evidence. We found ourselves faced with several personality-based opinions, as would be expected in a teaching hospital. The personalities transcend the disciplines, with the exception of surgery, in which discipline transcends personality. We categorized their replies, on the basis of no evidence whatsoever, as follows:

Eminence-Based Medicine

The more senior the colleague, the less importance he or she placed on the need for anything as mundane as evidence. Experience, it seems, is worth any amount of evidence. These colleagues have a touching faith in clinical experience, which has been defined as “making the same mistakes with increasing confidence over an impressive number of years” [7]. The eminent physician’s white hair and balding pate are called the “halo” effect.

Vehemence-Based Medicine

The substitution of volume for evidence is an effective technique for brow beating your more timorous colleagues and for convincing relatives of your ability.

Elocution-Based Medicine

The year round suntan, carnation in the buttonhole, silk tie, Armani suit, and tongue should all be equally smooth. Sartorial elegance and verbal eloquence are powerful substitutes for evidence.

Providence-Based Medicine

If the caring practitioner has no idea of what to do next, the decision may be best left in the hands of the Almighty. Too many clinicians, unfortunately, are unable to resist giving God a hand with the decision making.

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Diffeidence-Based Medicine

Some doctors see a problem and look for an answer. Others merely see a problem. The diffident doctor may do nothing from a sense of despair. This, of course, may be better than doing something merely because it hurts the doctor’s pride to do nothing.

Nervousness-Based Medicine

Fear of litigation is a powerful stimulus to overinvestigation and overtreatment. In an atmosphere of litigation phobia, the only bad test is the test you didn’t think of ordering.

Confidence-Based Medicine

This is restricted to surgeons (Table 1).

COMMENT

There are plenty of alternatives for the practicing physician in the absence of evidence. This is what makes medicine an art as well as a science.

CONTRIBUTORS

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Table 1. Basis of clinical practice

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

*Applies only to surgeons

REFERENCES