Editors' View
Mot de la rédaction

EVIDENCE-BASED CLINICAL PRACTICE

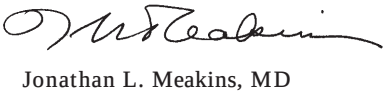
Dr. Waddell and I were delighted to see in the October issue of the *Canadian Journal of Surgery* the responses to our June and August Editors' Views. Drs. Hamilton and Stone raise many issues of importance, not all of which can be addressed now but which we hope will stimulate other surgeons to reflect on how surgical practice and our relationships with government and colleagues within our institutions will evolve over the coming decades.

Specifically, Stone raises issues relating to the development of evidence-based medicine and the fashionable buzz that this is creating at many levels. Although he does not mention it, one of the worrisome issues relates to the possible development of evidence-based practice guidelines, which would create an inflexible framework in which to practise surgery. Dr. Waddell and I prefer the terminology "evidence-based clinical practice," allowing for the continuing management of most surgical problems through a multidisciplinary and interdisciplinary approach to providing surgical services. In this context we are fully supportive of the concepts of evidence-based clinical practice and a clear understanding of outcomes. Areas in which surgical research can most easily move are indeed health outcomes and epidemiologic research. These areas are ideally suited to surgical practitioners since new knowledge can be developed on a computer outside regular working hours without the need to intensively supervise laboratory operations with their rapidly evolving technology.

Careful examination of the 6 components of the Royal College's Maintenance of Certification Program will indicate that evaluation and understanding of outcomes are integral partsof the program. One gets the sense that surgeons are expected to understand, indeed perform, some of these evaluative approaches in their clinical practice and, presumably, in their institutions.

In light of this, a new series will be initiated in the February 2001 issue of the Journal. This series will deal with evidence-based clinical practice as it relates to surgery and will be developed by 3 groups. The first is that of Dr. Ved Tandan and his colleagues from McMaster University, who will develop the intellectual infrastructure of evidence-based clinical practice; the second is that of Dr. Robin McLeod's group from Toronto, who, in conjunction with the Canadian Association of General Surgeons, will develop specific approaches for general surgery; and the third group is that of Dr. Andrew Hill and colleagues from the University of Ottawa. who will develop a Rounds approach to address specific issues that demand an understanding of the evidence and its translation into clinical practice.

We look forward to expanding these areas to encompass all branches of surgical practice and expect that they will address at least some of the concerns raised in Dr. Stone's letter. Further, we believe the series will help develop the Maintenance of Accreditation Program, which has implications for all of us since specialty certification is the key to our ability to practise. As techniques and technology evolve, hospitals will likely demand specific procedure-based accreditation. In this context, we as surgeons must work diligently at the maintenance of our competence and also guarantee that we are duly accredited to do the work for which we have invested a lifetime and which is our vocation.



Jonathan L. Meakins, MD
Coeditor