Meaza Demissie, *Ethiop Med J, 2016, Vol. 54, No. 2*

EDITORIAL

THE NEED FOR INCREASED ACCESS TO GOOD QUALITY EVIDENCE TO IMPROVE PATIENT CARE

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The development of evidence based medicine (EBM) in the early 1990s was a breakthrough in medical practice (1). Peer reviewed scientific publications have helped physicians to make better decisions on the management of their patients. In addition, the development and expansion of Internet services has improved access to publications by physicians and public health professionals providing up to date information better than ever. As a result of these developments, medical care and public health interventions are currently expected to be guided by the best available evidence published in peer reviewed journals.

EBM is "the conscientious, explicit, and judicious use of the best evidence in making decisions in the care of individual patients" (2). It is integrating the best available evidence generated through research with individual clinical expertise in planning and delivering care for patients. Good quality evidence does not necessarily mean evidence we only obtain through randomized clinical trials (RCTs). In most instances very well planned and conducted observational studies and systematic reviews of the available literature can form a good basis for improving decision making in patient care as well as in managing health services, crafting program guidelines, and developing policy directions (3).

In the early years following the introduction of EBM, there was considerable skepticism regarding its applicability in low income countries. Such skepticism stemmed from the fact that systematic reviews undertaken at initial stages of EBM were done mainly based on research conducted in high income countries. That was partly because the amount of research conducted in low income countries was limited, a small proportion of this was published and often in journals not indexed in widely recognized databases (4,5). Despite such shortcomings, EBM has gained acceptance over time and is currently being widely practiced in low income countries. One major factor that has helped in bringing about this change is the advent of open access journals with fast-track publications. This has in turn, changed the publication practices of researchers in low-income countries. Most senior researchers and their colleagues as well as students prefer publishing in open access journals overseas. In order to increase the uptake of evidence generated locally, different approaches are required on the part the Ethiopian Medical Journal (EMJ) and other local journals as well as the readers of these journals. All need to adapt to the new order of doing business; publishers must use the required technology and expedite the publication and dissemination of research outputs, and users must adopt the culture of doing intensive and wide search to gather and utilize evidence to improve practice and programs.

The evidence that is generated through RCTs is regarded as the best, while case series or expert opinions have enjoyed the least favor. RCTs are highly regarded as the design that minimizes bias and has low risk of systematic errors (6). In contrast, case series and expert opinions both lack control of confounding and may be biased by the author's experiences or opinion. Nonetheless, all the evidence required may not necessarily come from RCTs. Cohort or case-control designs as well as cross-section designs can yield good evidence. It is critical to choose the correct approach based on the kind of evidence that would be required. In addition to methodological strength, a researcher must also give due emphasis to producing relevant evidence for the particular context in which decisions are made.

EMJ has served as one of the main publishing venues for Ethiopian researchers for more than five decades, and it is determined to continue that in the years ahead. However, the advent of numerous open access and easily accessible journals online offering fast processing of submissions have placed pressing demands on the EMJ to improve its *modus operandus*. In response, EMJ has embarked on the online processing of submissions and is cur-

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rently working to improve the whole process. Indeed, the Journal is committed to strengthening the electronic submission system, and to speed up publications by introducing a fast-tracking system for articles that are locally relevant and of high standard. These along with other new initiatives to improve the quality of evidence disseminated through EMJ will foster wider readership and will contribute to the use of evidence for improving health programs and delivery of quality care to patients.

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