

IN PRACTICE WITH: DR CHRIS CATES

The GPwSI in EBM



FOR DR CHRIS CATES, HAVING THE COURAGE TO ADMIT TO NOT KNOWING THE ANSWER, AND THE CURIOSITY TO FIND OUT, OPENED UP A WHOLE NEW CAREER PATH

How did you get involved with working in evidence-based medicine?

As a medical student, I was impressed with Archie Cochrane's book *Effectiveness And Efficiency* and subsequently read *Follies And Fallacies In Medicine* by Skrabanek and McCormack in which they introduced the idea of 'skepticaemia' – an incurable disease they had developed but against which they thought a standard medical school education conferred life-long immunity! It was not until 15 years later, in 1995, that I started on a portfolio learning project for my PGEA points. I was frustrated by reading narrative reviews of topics in the medical newspapers and thinking that I had got hold of a subject, only to read another review a few

months later saying something totally different. Moreover, I did not find that traditional lectures usually scratched where it itched.

To choose a topic for my portfolio, I kept a surgery log for a week and noticed that quite a few patients with asthma came to see me with large-volume spacers, and when I asked them to show me how they used them they all did something different. But each one was convinced that they were right.

I decided to go and look for some evidence, and while doing so noticed a headline in the paper in which Sir Iain Chalmers claimed that doctors were killing patients with out-of-date treatments. I phoned the UK Cochrane centre in Oxford and they put me in touch with the new Cochrane Airways Group, which covered the topics of asthma and COPD. Before I knew it, I had been asked if I would like to carry out a systematic review of the evidence (in fact, comparing spacers to nebulisers in acute asthma), and it grew from there.

One of the disappointments when my review was completed was the very low level of feedback it generated. In those days, Cochrane reviews were not widely known, and having put in hundreds of hours of work this was frustrating. Despite this, I now spend four days a week in Bushey in the practice and one day at St George's, as part of the editorial team of the Cochrane Airways Group.

Can you tell us about your website?

The website was created as a result of a systematic review I read on lack of efficacy of antibiotics in otitis media. I decided to try to reduce the use of antibiotics for children with ear infections in my practice. I later set up a website with some information in relation to the ear infection project and other topics relating to the tension

between evidence and daily practice. The website includes newsletters, and a free NNT calculator (called Visual Rx at www.nntonline.net) to help translate odds ratios from research data into a more applicable form of evidence.

What do you find most interesting about working in evidence-based medicine?

One of the big plus sides of EBM and the Cochrane Collaboration is meeting others who are grappling with the same problems. I have little time for the cookbook mentality, as digging into the evidence usually raises many new questions which may not have been obvious when starting out. In order to set out on the journey in the first place, we need the courage to admit we do not know the answers, and then ask: 'What is the evidence?'

Are there times when EBM does not work?

When sitting with a patient in the consulting room, the patient's agenda has to come first, because if the patient feels that we are taking them seriously by listening carefully, the consultation goes better. For this reason, I tend not to dive off into databases during the consultation.

In my view, evidence alone will not make a good doctor, but I would ask how it is possible to be a good doctor without any reference to the evidence.

There may be 20 questions per day that I do not know the answers to; there is just not time to tackle most of these, and some may not really matter, so the trick is to define a few important ones and dig into those when there is time.

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Dr Jobs
Latest vacancies, page 57