general practitioners to implement evidence based general practice. They should refocus their efforts on promoting and improving access to summaries of evidence. They should also encourage local general practitioners working in localities or commissioning groups, who are themselves skilled in accessing and interpreting evidence, to develop local evidence based guidelines and advice. This may be a more effective approach to harness the interest and welcoming attitude of general practitioners towards evidence based medicine than trying to teach all general practitioners skills in search and critical appraisal.

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Contributors: HS developed the original idea and questionnaire. AMcC, HS, PW, and JF refined the questionnaire and jointly wrote the paper. Chris Spencer-Jones, Paul Roderick, and Ruairidh Milne gave advice on the questionnaire. AMcC coordinated the distribution and follow up of the questionnaire, coded the free text sections, and performed the data analysis. Wendy Davis coded the rest of the questionnaire and provided administrative support. Mark Mullee advised on the random sampling. AMcC is guarantor for the paper.

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Key messages

- Despite considerable variation in 302 general practitioners' attitudes to the promotion of evidence based medicine, most were welcoming and agreed that it improved patient care
- There was a low level of awareness of extracting journals, review publications, and databases relevant to evidence based medicine, and the major perceived barrier to its practice was lack of personal time
- In their surgery only 20% of general practitioners had access to Medline or other bibliographic databases and 17% had access to the world wide web
- Most had some understanding of the technical terms used in evidence based medicine, but less than a third felt able to explain to others the meaning of these terms
- Respondents thought that the best way to move from opinion based practice towards evidence based medicine was by using evidence based guidelines or protocols developed by colleagues

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Physicians' attitudes toward evidence based obstetric practice: a questionnaire survey

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Evidence based medicine integrates the best available data from clinical research into clinical practice to enhance the quality of clinical decisions and achieve the best possible outcome.^{1 2} With a lack of awareness of relevant research, a substantial part of clinical practice in reproductive health relies on practitioners' personal experience, resulting in large variations in practice between healthcare workers.³ The precise role of evidence based medicine is being debated; we therefore examined the awareness and views of medical practitioners with special emphasis on obstetric practice.

Subjects, methods, and results

We mailed an anonymous, self administered, two page questionnaire to a random sample of 190 practitioners

in obstetric practice between March and May 1996. The response rate of family physicians (120/154, 78%) and obstetricians (28/36, 78%) was similar, as were the demographic characteristics of the urban and rural practitioners who responded. As expected, there were similar numbers of urban (63) and rural (57) family physicians, but only six rural obstetricians compared with 22 urban practitioners.

Overall, 113 (76%) of the 148 respondents were aware of evidence based medicine. However, 75 (51%) indicated that, when faced with a difficult clinical problem, they consulted a respected authority, 55 (37%) used a textbook or clinical practice guidelines, while only 12 (8%) conducted Medline literature searches. Fewer family physicians used Medline than did obstetricians (4 (3%) v 8 (29%), $P < 0.001$). Forty (27%)

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respondents felt that they were very familiar with the critical appraisal of the medical literature, 31 (21%) were familiar with the use of computers in scientific inquiry, 42 (28%) had access to the internet, and only 14 (9%) indicated that they had access to the Cochrane Pregnancy and Childbirth database.⁴ Although only 59 (40%) considered evidence based medicine to be very applicable to obstetric practice and another 56 (38%) thought it somewhat applicable, 130 (88%) expressed interest in learning more about it. Similar trends occurred for both family physicians and obstetricians.

Concerns about evidence based medicine were expressed through comments such as "erosion of physician autonomy," "scarcity of evidence in reproductive health," "it is time consuming," "obstetrics requires manual dexterity more than science," and "evidence based medicine ignores clinical experience."

Comment

Clinical decision making—which has until recently been based on pathophysiological principles, personal observation, and intuition—is shifting toward the artful application of systematically analysed results of scientific research.⁵ Our study shows that personal experience and authoritarian views of experts still have an enormous influence in obstetric practice. Most practitioners in this survey were unfamiliar with the use of computers for accessing medical databases and with the critical appraisal of the literature. As most thought that evidence based medicine was only partially or not at all applicable to obstetric practice, we suggest that much scepticism prevails. Some of the views expressed may differ widely according to

practice characteristics such as location or specialty, but these should be amenable to appropriate interventions.

The ability to evaluate the literature and apply methods of data analysis to procedural practice is an important aspect of medical education. This may be the most important skill that we can pass to the next generation of medical practitioners. The dividing line between the science and art of medicine is not as distinct as we would wish with clinical decision making in reproductive health. Evidence based medicine should enhance doctors' competence through the integration of important evidence from research, moderated by experience, into clinical care. The views expressed by doctors in this study reflect obstacles to evidence based practice, which should be tackled through changes to training and access to resources.

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A memorable patient How to lose credibility

A large proportion of my patients these days are the worried well types. Nevertheless, their evident relief after a careful assessment and reassurance is for me a considerable reward. However, it takes substantial energy and more time than you might spend on a straightforward and perhaps more serious condition to reassure such a patient.

He was a youngish, worried well, bank manager when he arrived. He left, despite my best efforts, even more worried. From somewhere he had acquired a pamphlet canvassing for patients with threatened strokes, as part of a proposed clinical study. He had read about transient ischaemic attacks. It was soon clear from his history, however, that his symptoms in no way would have aroused such a suspicion in my mind.

I read the pamphlet critically while he watched apprehensively. After a minute he could not help interjecting, "It says that one of the symptoms is a disturbance of vision and loss of balance. I think I have that."

Further questioning made it clear that he was describing presbyopia. I explained this in what I thought was a satisfactory manner. He was now, I pointed out, well past 40. I asked him to step into the examining room. My examination was thorough, particularly as I was determined to impress him with my thoroughness in order to back up the next stage, my reassurance. I spent longer than usual examining his optic fundi. To do so I had to remove my glasses. (I am near sighted and always do that). Nothing unusual was discovered. He was normal, if worried. I left him to dress and went back to my desk to make notes. I did not look up when he returned and sat down. I was vaguely aware that

he was more tentative than usual and seemed to fumble unnecessarily with his seat.

Once again he interrupted, "Excuse me doctor," he said, his voice quavering, "I don't wear glasses. Is there any reason why I should be wearing these?"

I looked up and was taken aback to see him floundering around with my glasses perched on the bridge of his nose. Everything was now really blurred—for both of us. Then I remembered. While I was making mental notes for my letter to his general practitioner I had absentmindedly replaced what I—in my preoccupied state—assumed were his glasses.

After that it was difficult to regain my composure or establish any credibility. I thought of passing it off as a test of his balance, but decided I had better not. He listened in sceptical silence to my comforting speech, but it was clear that I had lost any rapport I had hoped for. He left scanning the pamphlet minutely.

Harold Jacobs, *neurologist, Edmonton, Alberta*

We welcome articles up to 600 words on topics such as *A memorable patient*, *A paper that changed my practice*, *My most unfortunate mistake*, or any other piece conveying instruction, pathos, or humour. If possible the article should be supplied on a disk. Permission is needed from the patient or a relative if an identifiable patient is referred to. We also welcome contributions for "Endpieces," consisting of quotations of up to 80 words (but most are considerably shorter) from any source, ancient or modern, which have appealed to the reader.