Editorial Comment

Doing a Review—His Way

The article by Dr. Ball in this issue of *Current Therapeutic Research*® is not a traditional review. In some ways, it should be in a special category. As Dr. Ball noted in his correspondence with the journal, this article “represents the author’s eclectic viewpoint,” based on literature selected by him (not collected in a systematic review) and then integrated with his own clinical experience. Of course, every approach has good and bad points.

What are some of the beneficial points of this type of review article? The filter of the author’s clinical experience may increase the relevance of the material. For example, the author’s discussion of the relevance of QT interval prolongation may have benefited from his own evaluation of his patients’ electrocardiograms. Or perhaps clinical experience has enhanced his understanding of the course of resistance to levofloxacin. Similarly, a personalized, nonsystematic literature review culls out unimportant and rare reports on the medication that are not clinically valuable.

However, anecdotal clinical experience may be remembered incorrectly and reported inaccurately, particularly if not recorded contemporaneously and systematically. A subjective review may miss what a systematic review provides, such as completeness, so that nothing will be inadvertently left out. A standard review picks up all important material, even if it is published in an obscure journal or in another language. Sometimes a systematic review uncovers newly published literature.

My belief has always been that the rigor of all aspects of a randomized, controlled, clinical trial (for example, that provided by the inclusion and exclusion criteria) can improve a clinician’s technique. For that reason alone, young doctors should participate in several well-run clinical investigations. In doing so, they will see how collecting data about end points, adverse events, and other items systematically and completely (while recording it in the case-report form) can help good physicians become better therapists. Thinking about the ways drugs work based on these collated, amassed data is vital to all of us, whether we created the paper reporting the data or whether we simply prescribe the medication.

As in all of the literature, the reader of the article is the final arbiter, and must establish for him- or herself whether the benefits significantly outweigh the risks of this subjective type of review article.

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