Letter to the editor

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'On the constitution and status of 'evidence' in the health sciences' - a response to Jon Mendel's letter by Stuart J. Murray

It is true; we do fail to address our goals of critique and interrogation 'adequately'. Our work cannot but be incomplete and ongoing. The question remains, however, whether 'adequacy' is essential if a critique is to have value. What would an 'adequate' critique of, or response to, evidence-based medicine (EBM) and evidence-based health sciences (EBHS) look like? We might just as well ask how one could respond 'adequately' to globalisation without falling into 'facile gestures' – after all, it has complex political, economic and cultural dimensions. Likewise, nobody would suggest that health could be reduced to an 'adequate' set of epidemiological statistics selectively gleaned from a handful randomised controlled trials (RCTs).

The absolutely critical question becomes: who will be empowered to proclaim whether a response is truly adequate or commensurate? To claim that something is adequate means that it is deemed 'equal to', just as the definition of commensurability has to do with 'equal measure'. The terms of such equality – and their metrics – are precisely what were at stake in our article. We refused to respond measure for measure. So, if we reject the terms in which EBM does business, should we be discredited (or worse) on these grounds alone? To answer in the affirmative is to suggest that EBM is the final solution to healthcare; it is to deny the political, ideological and epistemological implications of these commitments. Our 'failure', then, implies an ethical stance; it means that the terms of our critique cannot be taken up systematically, proselytised, or promoted as a universal truth. By contrast, the 'success' of EBM lies in just this tendency, calling for conversion with missionary zeal.

It is important to restate that EBM is tendential: it is of course not monolithic, it is 'flawed and imperfect', yet it acts as a more or less coordinated set of practices, principles and beliefs. If the short citation from Sackett and colleagues (1996) really represents EBM, and if they claim to honour clinical experience, patient choice and a 'bottom-up approach', this is not the tendency that we have observed in EBM and its derivatives. If we characterised EBM as an object to be 'acted upon by "critical" thought', this is our mistake. Clearly, we do not see EBM as an inert object, but as a field continuously constructed through people, power and political discourse, the results of which shape practice, research and public policy alike. Not all effects will be negative, to be sure. But this is not to concede that the tendency of EBM, its general tenets, are progressive, or that they lead to better health care. This must be debated, rather than stated dogmatically. The converse is also true: If our critique of EBM happens to be deployed in support of highly dubious alternative 'medical'

practices, it does not mean that we are quacks who support these practices, nor does it mean that our critique of EBM is invalid. All it means is that we cannot control in advance the myriad ways in which our work will be manipulated and (re)contextualised – and this holds true for all research, whether it is pro-EBM or critical of EBM. The more reason, then, to be vigilant to the politics of the production of medical and nursing knowledge.

We maintain that it is a facile gesture to claim dogmatically that EBM is 'one of the best tools currently available'. Moreover, to acknowledge flaws and imperfections does not make such a statement any less facile, because it still begs the question of evidence. Whose evidence? Whose metrics? Whose equality? In this study, we should not neglect the considerable debate that already surrounds EBM and EBHS (see, for example, the 2007 special issue on EBM in the *Journal of Evaluation in Clinical Practice* 13(4)). In the apparently benevolent gesture to 'reduce the risk of … bias', EBM and EBHS fail to acknowledge that their research paradigm – the RCT as a golden standard – is itself not value-neutral, nor is it without its own unacknowledged bias. Acknowledging – and acting on – these failings would, we hope, mark the beginnings of an ethical response.

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