Connecting doctors, patients, and the evidence

Excerpts from BestTreatments give the same evidence to doctors and patients

Clinical review p 700

The *BMJ* has devoted itself to the information needs of doctors for over 160 years. Increasingly we feel that to help doctors we must pay attention to the information needs of patients too. This week we publish the first excerpt from *BestTreatments*, a website built by the BMJ Publishing Group for patients and their doctors that looks at the effectiveness of treatments for chronic medical conditions (p 700).

At a time when there's a glut of medical websites (some of them junk), why should the BMJ Publishing Group be setting up another one? Firstly, we felt we had something unique to offer. The site is based on *Clinical Evidence,* also published by the BMJ Publishing Group. *Clinical Evidence* is recognised internationally as a gold standard for evidence based information. To translate it into something patients and primary care doctors could easily understand and act on seemed too good an opportunity to miss.

Secondly, we had funding for the project from UnitedHealth Group, a major US health company that looks after 45 million Americans. Through its charitable foundation, UHG already circulates copies of *Clinical Evidence* to 500 000 US doctors and other health professionals. Feedback from doctors was so positive that the company asked us to develop a product that would make *Clinical Evidence* accessible to patients too. Many of the authors of *Clinical Evidence* were delighted that their evidence would be put into the hands of patients.

Finally, patients are better informed about their health than ever, some more so than their doctors,[1] and increasingly they expect their doctors to make decisions with and not for them.

It's not only patients who feel that the days when doctors always knew best are over. Both the Institute of Medicine in the US[2] and the National Health Service in the UK[3] are pushing for more "patient centred" health care. They argue that to improve the quality of care patients must be encouraged to take part in treatment decisions. But patients need high quality, evidence based information to do so. Although it may be difficult to show improved outcomes, policymakers hope that health care based on evidence will at least reduce geographical variations in treatment. In the US there is a threefold variation between some states in the number of women with breast cancer who are offered mastectomy as opposed to breast conserving surgery—a difference that cannot be explained clinically[3] since there is no difference in survival between the two procedures.[4] Putting this evidence in the hands of women (as well as surgeons, who should know this by now) could perhaps reduce this variation in practice.

In the US economic factors make evidence based information about treatments a necessity. In a country where payment for treatment comes partly out of employees' pockets, both employers and workers increasingly demand access to this kind of "doctor strength" information.

Our site is called *BestTreatments* because it's about treatments that work. Based on *Clinical Evidence*, the site categorises these treatments according to their effectiveness. (We don't know if it will come as a surprise to patients that doctors might sometimes prescribe treatments that don't work or ignore treatments that do.) Until now websites have generally been developed separately for patients and doctors. As Muir Gray, codirector of the UK's National Electronic Library for Health, points out, this is absurd. Doctors and patients need the same evidence based information, served up in parallel, drawn from the same sources. This is what *BestTreatments* provides.

Not all doctors are fans of sharing decision making with patients, particularly when they lack confidence about their own knowledge.[5] But so far, feedback has been enthusiastic.

One thing we have learnt is that research often doesn't answer patients' questions.[6] For example, the information in *BestTreatments* about exercise as an effective treatment for heart failure comes from studies of inpatient exercise programmes, often performed with a cardiologist nearby. But how does a primary care physician know what exercise is safe or effective for his or her patient to do at home? The research that exists doesn't answer this question.

The excerpt from *BestTreatments* in this week's *BMJ* is on generalised anxiety disorder, with one version for patients and one for doctors. Websites do not translate that well on to paper, and the evidence for much of what we say is on our website, plus a whole lot more. For example, users can drill down from the top level statements on effectiveness to the evidence summaries in *Clinical Evidence*. The excerpt from *BestTreatments* and content on other conditions can be accessed directly through www.besttreatments.org/anxiety or through http://bmj.com. As with all *BMJ* publications we welcome your comments and particularly your criticisms.

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