ADDRESSING UNCERTAINTIES ABOUT THE EFFECTS OF TREATMENTS

Where do we go from here? Clinicians need to be able to draw on resources that provide the best current evidence about a treatment, taken from collective experience and systematic reviews of any reliable research studies that exist. If, after doing this, they find that uncertainty remains about a treatment, they need to be prepared to discuss this with their patients and to explain why this is so. Patients and clinicians can then discuss the options together, taking into account patient preferences. These discussions may raise further uncertainties that need to be acknowledged and addressed. Only by recognizing together that uncertainties still exist, can steady progress be made towards making treatments more appropriate and safer. Uncertainty is therefore a prerequisite for progress, not an admission of ‘defeat’.

This positive attitude to addressing uncertainties is now reflected in some professional guidance. In the UK, the General Medical Council’s latest version of its Good Medical Practice guidance instructs doctors that, as part of maintaining and improving their performance, they ‘must help to resolve uncertainties about the effects of treatments’. To do this, patients and clinicians must work together to design better research (see Chapter 11).

PROVIDING TREATMENT AS PART OF A FAIR TEST

So what should happen when there is important uncertainty about the effects of new or old treatments that have not been properly evaluated? An obvious answer is to follow the example of the doctor caring for his stroke patients, as we described above: address the uncertainty by offering inadequately assessed treatments only within the context of research that has been designed to find out more about both their wanted and unwanted effects.

A medical ethicist put it this way:

“If we are uncertain about the relative intrinsic merits of any [different] treatments, then we cannot be certain about those merits in any given use of one of them – as in treating