

DOCTORS TALKING ABOUT GUESSWORK IN PRESCRIBING

In a fictional conversation between two doctors, a general practitioner makes the following point: 'Tons of what we do is guesswork and I don't think that you or I feel too comfortable with that. The only way to find out if something works is a proper trial, but the hoops are huge. So what do we do? We do what we fancy. And I'm sure some of the time it's fine – clinical experience and all that. Maybe the rest of the time we're just as likely to be getting it wrong as right, but because whatever we're doing isn't called a trial, no one regulates it and none of us learn from it'.

Adapted from Petit-Zeman S. Doctor, what's wrong?
Making the NHS human again. London: Routledge, 2005, pp79-80.

antibiotics had been prescribed to women, but without adequate evidence from fair tests about their effects. As often happens, those who were given an inadequately evaluated treatment in 'normal' clinical practice were more likely to be harmed than those given the same treatment prescribed in a research context. Put another way, people were generally more at risk when they were not taking the drugs as part of a fair test.^{17, 18, 19}

Breast cancer

The treatment of breast cancer (see Chapter 3) provides another example of professional uncertainty. There is considerable variability in the use of surgery, radiotherapy, and chemotherapy. The best treatment of very early stage breast cancers and of 'pseudo-cancers' of the breast is unresolved, as is the ideal number of lymph nodes to remove from the armpit, or indeed whether any should be removed at all.²⁰ As if that were not enough, topics of particular interest to patients, such as relief of fatigue associated with therapy, or the best way of treating lymphoedema of the arm – a distressing and disabling aftermath of surgery and radiotherapy in the armpit – still have not been tested adequately.