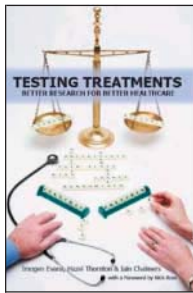


# reviews

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## Testing Treatments: Better Research for Better Healthcare

Imogen Evans, Hazel Thornton, Iain Chalmers

The British Library, £12.95,  
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Rating: ★★★★★

What characterises a great doctor? A list of required qualities might well include a wealth of clinical experience, brilliant diagnostic and other technical skills, and a wonderful bedside manner. Most people would hope for, or even expect, such features in anybody labelled as an exemplary clinician. But how many would suggest another, much less glamorous but essential marker—knowledgeable ignorance?

This oxymoronic term refers to an acute awareness of and readiness to admit personal and profession-wide uncertainties about key healthcare questions and dilemmas. It encapsulates an attitude seen in all the best doctors. These are the people who do not pretend to know all the answers. When out of their depth, they happily seek advice or assistance from colleagues. They look up drug doses rather than half remembering them. And, crucially, they are able to declare their ignorance to patients in ways that inspire respect rather than undermine trust and confidence.

One thing that typifies such professionals is their view on the place of clinical evidence. They genuinely welcome opportunities to have their preconceptions challenged by research findings. Moreover, they regard the systematic accumulation and assimilation of such information as fundamental to good clinical practice.

In the era of evidence based medicine, the knowledgeable ignoramus should be a widely respected role model. Naturally, things are not that simple. Firstly, how many doctors are open about recognising and

addressing their uncertainty (let alone complete ignorance) about aspects of the management of patients? It may be far easier to use the combination of ill informed guesswork and confident bluffing that can masquerade as “clinical expertise.” Also, some patients do not take kindly to the notion that the doctor may not have a clue about what is best for them.

Such an environment means that knowledgeable ignorance needs all the help it can get. Step forward, then, *Testing Treatments: Better Research for Better Healthcare*. Aimed at both patients and healthcare professionals, this admirably concise, well written book shows why acknowledgment of uncertainties is so desirable, and offers a critical commentary on the need for and conduct of worthwhile clinical research.

The book begins by illustrating what can go wrong without rigorous clinical testing of new medical interventions. Compelling evidence is presented of where health care used for apparently logical reasons and with the best of intentions has led to problems that greatly outweighed any clinical benefits. Famous examples reviewed include thalidomide as a cause of phocomelia; unusual vaginal tumours in the daughters of women who had taken diethylstilboestrol during pregnancy; and the unwanted-effect syndrome associated with practolol therapy.

Further evidence of the need for appropriate clinical evidence that is gathered and considered systemically is provided through discussion of excessive treatments that proved to be unhelpful or actively harmful. A classic case is the use of brutal mastectomy surgery for breast cancer. The heady amalgam of a dangerous (but misunderstood) disease and a treatment principle of “more is better” encouraged a culture in which women were subjected to mutilating operations eventually shown to be no more effective than kinder, more conservative therapy.

It would be nice to think that these warnings from history are superfluous. In reality, they remain important cautionary tales, especially given that today's most preliminary laboratory research can be hailed prematurely as tomorrow's “miracle cure.” And to further temper assumptions that similar mishaps could not happen now, it is worth speculating about which currently cherished, but entirely unproven, clinical interventions might make future generations shake their heads in disbelief.

Among other things, the book serves as a primer on techniques for acquiring and integrating clinical evidence—in particular,



\* QUOTE ATTRIBUTED TO CLARA BANTON (FOUNDER OF THE AMERICAN RED CROSS)

randomised controlled trials and systematic reviews. Avoiding jargon that could put off patients and healthcare professionals alike, the authors describe and argue the case for what they call “fair” tests of medical treatments. However, they do not shy away from highlighting and criticising commonplace shortcomings in how clinical research is decided upon, designed, carried out, reported (if not suppressed), integrated with previous findings, and used (if not overlooked).

Such limitations are tackled directly in the final section of the book, which calls for a revolution in societal attitudes towards clinical research. This is clearly a tall order that could daunt individuals, however committed they feel to the cause. However, the book cleverly addresses this problem by offering a credible framework of how patients and healthcare professionals can collaborate to enforce change. This blueprint is underpinned by a series of practical manageable steps that individual patients and others can take to help ensure that uncertainties in health care are recognised and addressed.

Nitpickers will find an obvious small flaw in the book's layout. Throughout the text are boxes of information (such as definitions, historical references, quotes, and case reports) that provide illuminating complements to discussion in the rest of the text. The trouble is these boxes are not signposted in the preceding narrative and they sometimes arrive in the middle of a sentence. These elements can make for a slightly disjointed read.

Quibbles aside, *Testing Treatments* is a terrific little book. It deserves to be easily available, widely read, and taken seriously. And it might just help to make knowledgeable ignorance something to be proud of.

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Items reviewed are rated on a 4 star scale  
(4=excellent)