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The Evil Intention of Evidence-Based Medicine

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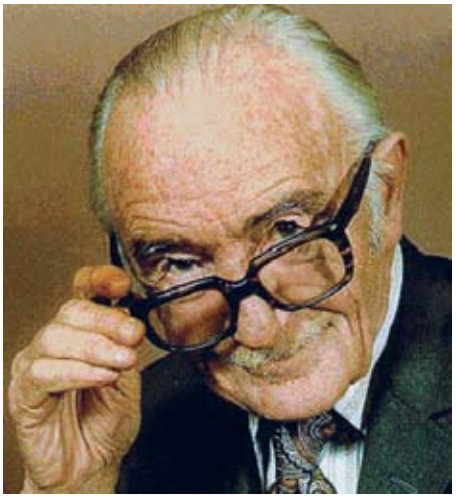
For the past 15 or so years, the medical academic, and subsequently non-academic community, have been the victims of an imposed redefinition of mission: that is, medical practice as a "business." Because the business world has no ethic with regard to the patient, it cares nothing for the Hippocratic Oath or the General Welfare clause of the Constitution. The new character of our profession was despised by most physicians, and foreign to us all.

By first-hand experience, this was a slow, deliberate, and insidious oppression. In about the early to mid-1990s, my first encounter with the opposition to my mission as a physician, came when I was asked to sign documents for my patients regarding insurance-related issues, applications for special equipment, or disability claims. My required signature was to appear on the line designated "vendor," a term which since has evolved into "provider."



The Cochran Collaboration

British researcher Archie Cochrane conjured up evidence-based medicine, using gambling's probability theory.

This experience was paralleled by a new institutional administrative designation of patients as "customers" and a new academic department definition of physician "productivity" as dollars collected. As if by magic, and in synchrony with the professional insult and denigration, appeared the new authority of "evidence-based medicine," which claimed to be the final scientific diktat for determining diagnostic technology and treatment of the individual patient in the daily practice of medicine. But, evidence-based medicine is only a pseudo-science.

It soon became clear that the physician and his/her patient were no longer individuals, expert and unique in their own right, but now robots who are to mechanically follow commands and respond in predictable fashion. But to whom?

After much consideration and study over the years, it has become clear to me that evidence-based medicine either was in its original intent, or has become, a budget-cutting and potential population-control measure. Because it is wrapped up in scientific-sounding rhetoric, it has captured the attention of well-meaning physicians who want to incorporate science into their decisions, and has been sold to the public as an advancement in care.

To get an idea of the intention behind evidence-based medicine, look at NICE, the British National Institute for Health and Clinical Excellence, another Orwellian name for cost-cutting medical triage.[1] It has thus become apparent to me as well as others that the much discussed "health-care reform" has the intention of following the corporate model of "business is business," instead of any humane response to the needs of the acutely ill, elderly, and infirm.

Where It Came From

British physician and researcher Archie Cochrane, after whom the Cochrane Clinical Trials Registry, Database of Systemic Review, Cochrane Library, and Cochrane Reviews are named, may be called the father of Evidence-Based Medicine. The Cochrane Library, Data Base, and Trial Registry (available online) is the repository of information regarding all clinical trials. It aims to judge the scientific merit of these trials based on their adherence to the principles of what is called "clinical epidemiology."

During World War II, Cochrane was taken prisoner of war and served as a POW medical officer in Greece for the Nazis. There, he performed an experiment on his fellow prisoners involving malnutrition and yeast supplementation. The result of this experiment is summed up in his paper entitled "Sickness in Salonica: My First,

1. For more on NICE, see "Britain's NICE: Who Gets Medical Care and Who Dies," by Marcia Merry Baker, *EIR,* June 5, 2009, http://www.larouchepub.com/other/2009/ 3622nice_who_dies.html

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Evidence-based medicine succeeds in divesting physicians of responsibility for the patients' well-being, while making them believe they have done so with the goals of science and society in mind.

Worst and Most Successful Clinical Trial." There, after noting the positive effects of yeast on the malnourished, Cochrane states: "... the German doctors remark, when I asked for more help, was *Ärtze sind überflussig* [doctors are superfluous]. This was probably correct, but it was amazing what a little bit of science and a little bit of luck achieved."

Cochrane attributed the benefit of yeast treatment for those fellow prisoners who were allowed to receive it, either to luck or statistical significance. He overlooks the fact that it was he, the physician, who, in the first place, thought of providing the yeast to the prisoners, in whom he had diagnosed malnutrition by examination and knowledge of the pathophysiology of disease. Cochrane thus exposes his prejudice towards the science of gambling—probability theory—an all-or-nothing battle between statistical evidence and luck, otherwise called "chance."

Cochrane's view reflects that of all supporters of evidence-based medicine today, that clinical outcomes are due to statistical significance and have nothing to do with the physician's basic knowledge of the pathophysiology of disease, the individual patient's disease process, physician experience, or cognitive insight (intuition).

Cochrane's most famous work was his book *Effectiveness and Efficiency: Random Reflections on Health Services* (1972), the premise of which is the Malthusian idea that because resources will always be limited, randomized trials should be the authority for guiding decisions about the use of resources in health services.

Convincing physicians to follow the pseudo-science of evidence-based medicine seems easy when the promise is made of freeing the physician from the responsibility of making decisions regarding diagnosis and treatment of disease. Instead of relying on intuition (cognitive insight), experience, and knowledge of the pathophysiology of disease, the

The Intention Behind Evidence-Based Medicine

1. The role of physicians is superfluous.
2. Resources are limited, and their allocation must be controlled.
3. The impartial, cold, hard "science" of "chance" (probability theory. shall drive that control of limited medical resources.
4. Valid evidence or scientific information is limited to that which is statistical.
5. The world is based on chance, and only probability theory can provide certainty for scientific truth.

One only need to review a simple pocket text of evidence-based medicine to understand the argument further. See *Evidence Based Medicine: How To Practice and Teach EBM*, by David L Sackett, Sharon E Straus, W. Scott Richardson, William Rosenberg, and R. Brian Haynes (Los Angeles: Churchill Livingstone, second ed., 2000).

physician will make decisions based on the best evidence presented to him/her by that body of literature and guidelines which follow the criteria of the science of clinical epidemiology (probability theory-based statistics). The physician does not have to think, because his/her decisions and actions are predetermined, and thus he/she cannot be held responsible for the consequences.

Leaving Medicine to Robots?

For the cost-cutting faction, this holds great promise for defense in malpractice litigation, and, in fact, now, the law is condoning the authority of evidence-based medicine to determine the standard of care and admissible evidence in medical malpractice cases.

But the stated desire of impartiality in evidence-based medicine comes into question when those determining the guidelines are the limited few who have access to funding for research in medicine, exactly *because* they limit their science to clinical epidemiology! Clinical epidemiology offers a *predictable* means by which to control the results of all research, and those results will determine the use of "resources." One wonders if the National Institutes of Health's Department of Bioethics has committee presence or some other type of oversight of all medically related research grant applications and reviews.

Thus, the little pocket text of evidence-based medicine exhorts the physician to: "Trade in your [traditional] journal subscriptions … invest in evidence-based journals and on line services, and … look into computerized clinical decision support systems," because it is "technically feasible for machines to match patients' characteristics with evidence-based recommendations that are tailored to them, freeing the patient and care provider to meet the challenge of deciding which recommendations should be implemented and how."

The result, of course, is that the "matching" process of patient to diagnosis and treatment is no longer dependent on context, which is the special unique individuality and circumstances of that patient, the very essence of which can only be captured by the expertise of a good physician.

Fascism and Evidence-Based Medicine

Evidence-based medicine has had the impact of preventing many physicians from using judgment about medications and technology. The stated purpose of evidence-based medicine is to bring "science" to the bedside. Science is popularly defined as probability theory and valid information as that which is statistical. Although theories other than probability theory can underpin statistics, it is probability theory which has reigned, because it follows Aristotelian logic, better known as binary logic. All-or-none binary logic is black or white, yes or no, in its conclusions, and is predictable in its results. No new principles can ever be discovered about any person's disease process or response to treatment, because the outcome of variable interactions is predetermined by "logical" rules. Controlling resources, predictably, allows no place for unexpected changes in decisions regarding their use.

In the real world, the medical scenario at the bedside is dynamic and nuanced. Changing decisions are the reality with which the physician must cope. But, instead of allowing the physician to use the uniqueness of one patient's clinical dynamic as the basis upon which to decide treatment or diagnostic technique, evidence-based medicine seeks to dictate what can and cannot be used, and on whom. Probability-based statistics has now become a convenient scientific justification to withhold treatment and technology (such as diagnostic scans) because it takes control out of the hands of the physician. Physicians are "a problem" when they want to use judgment, and have the Hippocratic Oath foremost in mind.[2]

Evidence-based medicine justifies the limitation of treatments that already exist because they can be claimed to be ineffective by "science," that is, by probability-based statistics. However, physician judgment is based on experience with a variety of different patients who do not match the probability-based criteria of predefined conditions and context. Each patient is unique, and the physician uses empathy and a kind of pattern matching from experience as a guide.

Faced with an unexpected clinical picture, the knowledgeable physician can redirect his/her cognitive ability towards new goals. Evidence-based medicine, adopted by physicians in their training, frees them from this empathic connection to the patient and helps them limit and withhold treatment "in good conscience." By influencing physicians from the beginning of their training, evi-

2. "Above all, do no harm" is the general message of the Hippocratic Oath.

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Doctors take the Hippocratic Oath, with its message that physicians should "do no harm." The statisticians of evidence-based medicine are not interested. Inset: Hippocrates (ca. 460-370 B.C.).

ing physicians justified and dismissed the omission of this test with the excuse that "there has never been a large, double-blind randomized trial to determine the utility of such testing." In other words, evidence-based medicine doesn't allow it.

Then, with the same inhumanity, the test was offered to my husband *after* his encounter with mucositis. My husband's response was: "I will not have my genetic material used in this fashion by you!" He had insight into their "cold hard science." My husband was a professor of molecular biology in a medical school. How it must have destroyed his faith in medicine to see what some physicians had become.

dence-based medicine succeeds in divesting those physicians of responsibility, while at the same time making them believe they have done so with the goals of science and society in mind.

Thus, evidence-based medicine has its biggest impact in brainwashing the physician into ignoring his/her own inner instincts and judgment that a given patient should have the opportunity to have a given treatment—when that treatment is prohibited by the resource keepers. Evidence-based medicine is crucial to any system in which the physician is going to cooperate with the fascist scarcity principle.

A Personal Example

Thus, when receiving cancer treatment and after the first dose of a chemotherapy cancer drug threw my husband to the floor for days, he was given a second dose which caused two weeks of arguably the most painful condition known to man—"mucositis." Imagine my horror to find out, afterwards, that there was a simple blood test available to determine his ability to metabolize the poisonous drug, which was neither offered to him nor performed before the second blast of poison.

When I confronted the medical team responsible for his care, a bewildered crew of residents and attend-

What Is Wrong with Clinical Trials?

Large, randomized statistical studies do not capture the level of efficacy of a treatment that a physician sees in his daily practice, because the treatment groups of the large studies are managed in an all-or-none fashion. There can be no response to the changing degree demanded by the clinical dynamic. Probability-based statistics confer a level of certainty in the mind of the user, and that certainty excuses the guilt the user feels when treatments are withheld.

Science is, after all, a human and humane endeavor. But evidence-based medicine is all about the dehumanization process. Because it claims certainty, it claims authority, but in the process, the relationship between truth and certainty gets distorted. People who have deep empathy have difficulty believing certainty and crisp boundaries. The Hippocratic Oath is the intention behind the practice of medicine. The details of medical decisions are constantly changing and depend on the moral, ethical, and professional judgment of the good physician within the unique context of the individual patient.

The present health-care reformers, like Hitler's doctors, would remove this intention and replace it with cost-efficiency. That is the truth about how evidence-based medicine threatens to change medicine—and kill the sick and elderly.