

PostScript

LETTER TO THE EDITOR

External research service with critical appraisal of the medical literature at a university medical centre

Between August and December 2001 we conducted a pilot project at the Charité Medical Center in Berlin,¹ extending results of a similar study in the primary care setting by Swinglehurst *et al*² in which an information service providing evidence-based answers to questions posed by GPs and nurse practitioners in Great Britain was described and evaluated.

All clinicians at our university hospital were contacted by email and we offered to address any medical question they might have over a period of 6 weeks by conducting a rigorous literature search and critically appraising the sources identified. All questions submitted were answered by two internal medicine specialists trained in evidence-based medicine. We always consulted the evidence-based databases Clinical Evidence, Cochrane Library, and ACP Journal Club. In contrast to the search cascade used by Swinglehurst *et al*, our two informaticists always consulted the TRIP database and PubMed archive for each and every question in order to ensure that the most up to date studies were considered.

A standardised format was used for answers and consisted of (1) the original question, (2) the search methodology (including search words and hits), (3) a critical appraisal of the evidence found, and (4) a classification of this evidence according to the Oxford Centre for Evidence-based Medicine levels of evidence table, May 2001 (<http://cebm.jr2.ox.ac.uk>). One to two weeks after our answer we evaluated the recipient's level of satisfaction with our service and the influence of this service on his or her medical decision making by questionnaires.

Overall, we received 34 questions (2.3% of all clinicians contacted), 31 (91%) of which

could be answered. Of these, 24 questions were related to treatment, three to aetiology, two to prognosis, one to diagnosis, and one to side effects.

According to the levels of evidence table mentioned above, the evidence found for one question was classified as level 1a, for two as level 1b, for seven as level 2b, for seven as level 4, and for two as level 5. The evidence provided for the remaining 12 questions could not be classified because of insufficient data. The median time taken for the answering process was 7 hours (range 3–32), which is significantly longer than in other studies.^{2,3} We attribute this primarily to the search for, and critical appraisal of, primary literature. According to our estimates, approximately 40% of the time was spent each on researching literature and critical appraisal and the final 20% on preparing the written answers.

Of all clinicians to whom questionnaires were sent to assess their satisfaction with our service, 61% responded. Almost 90% of respondents expressed a high level of satisfaction, rating it as good to very good, and 68% of the responding physicians indicated that our information had answered their question entirely. Most of the respondents also considered our answers exemplary and felt that the information we provided would help them in their own further literature research and critical appraisals. Interestingly, however, the choice of treatment considered before submitting the question was only minimally or not at all influenced by the answer we provided.

Because evidence-based guidelines and quick access to evidence-based literature are still lacking in Germany, we feel that there is a strong need for an external information service even in the academic setting, despite the time and effort involved.

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- 1 Euler U, Juche A, Brüggjenjürgen B, *et al*. Implementation of evidence-based medicine in clinical practice – external research and critical appraisal of medical literature (in German). *Z Arztl Fortbild Qualitatssich* 2002;**96**:325–31.
- 2 Swinglehurst DA, Pierce M, Fuller JCA. A clinical informaticist to support primary care decision making. *Qual Health Care* 2001;**10**:245–9.
- 3 Hayward JA, Wearne SM, Middleton PF, *et al*. Providing evidence-based answers to clinical questions. A pilot information service for general practitioners. *Med J Aust* 1999;**171**:547–50.

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BOOK REVIEWS

Shared Decision Making. Patient Involvement in Clinical Practice

Glyn Elwyn. Nijmegen, The Netherlands: WOK, 2001, £10.00, pp 221. ISBN 90 76316 12 0

Involving patients in making decisions about their medical care has become widely advocated. Attractive to patients, policy makers and clinicians alike, research has suggested it may go further than enhancing autonomy by improving outcomes, decreasing treatment costs, and increasing compliance and satisfaction.

As a medical student doing research into patient preferences for involvement in decision making, I found Glyn Elwyn's PhD thesis, supervised by the Centre for Quality of Care Research at the Universities of Nijmegen and Maastricht, very stimulating. While much of the content has been published elsewhere, a strength of this book is the logical development of ideas revealed when reading the papers together and the insight this enables. The publication of the thesis in this form will allow greater accessibility to the important and interesting work he has done. The clear conceptualisation of shared decision making would be a good introduction to anyone interested in, but unfamiliar with, the theory.

An extensive literature review emphasises the lack of an existing adequate measure of the extent to which health professionals involve patients in medical decisions, leading to Elwyn's development of the OPTION (observing patient involvement) scale. This is fully described and the manual included which is extremely useful for anyone wishing to conduct the further research needed in clinical settings. This tool will allow the evaluation of shared decision making in practice and will enable its implications to be better understood. It is intended to be generic enough for use in all types of consultation.

While the research was all conducted in a general practice setting—an obvious limitation to its generalisability—it will doubtless inspire research in secondary care since it raises issues which are relevant to most clinicians. An example of this is the development of interpersonal skills and training in risk communication to increase patient involvement in decision making.

The dynamic nature of this work is reflected by the different research methods used, both quantitative and qualitative, which holds the reader's interest throughout. Some were used more effectively than others—for example, the feasibility of shared decision making in consultations in which there is conflict between doctor and patient was less well evaluated, although the issues raised from examining the consultations in more depth were interesting and revealed some of the difficulties associated with this technique.

By successfully increasing understanding from a clinician perspective while being sensitive to remaining challenges, Elwyn has developed an excellent basis from which medical education could facilitate shared

decision making and establish it as part of routine clinical practice.

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Alzheimer's Disease: Policy and Practice across Europe

Edited by M Warner, S Furnish, M Longley, B Lawlor. Oxford: Radcliffe Medical Press, 2002, £24.95, pp 216 (paperback). ISBN 1 85775 416 6

I agreed to review this book with rather mixed feelings, being eurosceptic but a firm believer in high quality socialised health care. I was therefore pleased to find that I enjoyed reading it very much. Alzheimer's disease is currently of great topical interest as new treatments have been licensed and therefore detection of early cases is vital. In the UK there is also a new national service framework for older people.

The editors set out to show that Alzheimer's disease and other dementias pose a set of challenges to policy makers which are different from those raised by any other form of disability. The second theme relates to the complexity of the needs of sufferers and their carers, which requires a coordinated approach to policy and implementation. There is great disparity in the way that issues are handled across the EU—for example, in Scotland 56% of doctors will disclose a diagnosis of dementia to the patient compared with 19% in Italy, but most patients wish to know their diagnosis! Data show that GPs are often ill equipped to make a definitive diagnosis and, even when they do so, they may be unaware of the local support services available for families. The chapter on "Carer burden" highlights the difficulties and rewards of the care giving role.

Virtually all EU policies count on family support, yet few member states offer substantial practical or financial support. It is not just a matter of money; there is also inadequate access to the kinds of psychological interventions which can decrease the burden for carers.

In a chapter on "Services for people with dementia and their carers", interesting examples are given of supported living in group home settings in Sweden and France. The need for support worker training programmes is highlighted and a useful list of training requirements presented. As a practising old age psychiatrist who often complains about the lack of support services available to my patients, I was surprised to see that UK services have developed a greater degree of specialisation than in most other EU countries. A final chapter describes how Europe can move towards developing coherent policies for dementia sufferers by accepting coherency statements which will provide a framework for raising the level of investment in services. This book will be useful for policy makers in health, social and voluntary services, commissioners, and interested clinicians.

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NOTICES

Society for Social Medicine

The Annual Scientific Meeting of the Society for Social Medicine will be held at the University of Liverpool on 11–13 September 2002. For further details contact the Conference Administrator, Department of Public Health,

University of Liverpool, Whelan Building, Quadrangle, Liverpool L69 3GB, UK. Tel: +44 (0)151 794 5739. Fax: +44 (0)151 794 5588.

Boston University School of Management Nursing Conference

Boston University School of Management will host a one day conference for nurse executives and other healthcare professionals responsible for managing census variations entitled "Achieve Quality Care by Managing Variability in Health Care Delivery: New Methodology to Effectively Manage Census Variations and Nurse Staffing" on 30 September 2002.

Attendees will learn:

- Principles of a newly developed variability methodology used in healthcare delivery.
- Frameworks, skills and competencies critical for collaborating with colleagues on the importance of implementing these principles.
- How to examine variabilities in healthcare delivery to improve quality of care, working conditions, system processes, and costs.
- Implementation knowledge and tools needed for acceptance and utilization by your organization.
- How a community hospital has implemented variability management methodology, addressed issues of nursing staffing and patient flows.

Registration fee: \$295.00 (includes program, materials and dining services).

This program will be submitted to AACN Certification Corporation for continuing education credit approval.

For more information visit <http://management.bu.edu/exec>. For questions or to register call the Executive Leadership Center at 617-353-4248 or email: execprog@bu.edu.