Message from the Editor-in-Chief

We Must Improve How Clinicians Interpret the Study Results of Benefit and Harm

Knowledge translation (KT) has become a pivotal part of the research world.¹ For research to have meaning, the results must be communicated to others who can appreciate and use the new information in some relevant capacity. From the clinician’s perspective, KT is an essential ingredient to closing the gap between best evidence and clinical practice.² How the presenters at a medical conference communicate the results of clinical studies to practising physicians is the subject of an article by Allen et al. in the current issue of the Canadian Journal of General Internal Medicine (CJGIM). The authors point out that the terminology and format by which results are communicated may be less than ideal. What is also striking is the limited ability amongst clinicians for understanding the formats commonly used for communicating study results. It is this latter issue that clearly needs to be addressed in medical schools and residency programs. Moreover, the ideal solution to improving the communication of statistical information to practitioners, so that they can make fully informed therapeutic decisions, is not to narrow the format to a select number of “ideal” parameters, but rather to expand the ability of the recipients to understand as many of these relevant terms as possible.

For almost a quarter of a century we have heard about the need to present data in absolute rather than relative numbers.³ But it would be a mistake to believe that the solution to the problem of clinicians (or patients) over estimating the magnitude of the benefit of a therapeutic intervention is to switch from relative terms to absolute terms. While NNT (number needed to treat) does simplify the matter of therapeutic benefit (or harm), the NNT results would only apply to a population of patients with the same incidence of disease as has occurred in the study where the data are derived. While the latter may be the most common situation, it is certainly not the only scenario where clinicians are making therapeutic decisions. Clearly we should want clinicians to be able to manage other circumstances and that is why they need to know how to use both the RRR (relative risk reduction) and the NNT. Further, not all data can be presented as RRR or NNT. Continuous data that cannot (or should not) be dichotomized may need to be presented as means or alternative parameters.

Therefore, if action needs to be taken in response to articles like Allen et al., a greater emphasis needs to be placed on teaching both medical students and physicians in residency programs to understand how to interpret the full menu of parameters and terms that they will encounter either in the medical literature or at conference/rounds presentations. To be successful, lifelong learners/physicians will need to enhance their skills for data interpretation, in addition to the activity of seeking out updated information.

Mitch Levine

CSIM Mission Statement

Mission Statement
The CSIM is a non-profit professional society that promotes the health and well-being of Canadian patients, their communities, and their health care systems. We seek to foster leadership and excellence in the practice of General Internal Medicine (GIM) through research, education, and advocacy for health promotion and disease management.

Vision
We believe that General Internal Medicine in Canada plays a central role in the training of current and future clinicians, in clinical research, in patient care, in health promotion, and in health advocacy, and that it unites a body of knowledge, values, and principles of care that lay the foundation for excellence in the Canadian health care system.

Values
We embrace the ethical and professional standards that are common to all healing professions, as well as the specific values of generalism, teamwork, competency-based training, lifelong learning, evidence-based medicine, holistic, and humane, patient-centered care.

Mission
La Société canadienne de médecine interne (SCMI) est une association professionnelle sans but lucratif qui entend promouvoir la santé et le bien-être des patients, des collectivités et des systèmes de santé canadiens. Elle souhaite également promouvoir le leadership et l’excellence dans l’exercice de la médecine interne générale en favorisant la recherche, l’éducation, la promotion de la santé et la gestion des soins thérapeutiques.

Vision
La Société a l’intime conviction que la médecine interne générale occupe une place centrale dans la formation des cliniciens aujourd’hui et à l’avenir, dans la recherche clinique, dans la prestation des soins et des services de santé et dans la promotion de la santé, et que la discipline se fonde sur un savoir, des valeurs et des principes thérapeutiques essentiels à la poursuite de l’excellence dans le système de santé canadien.

Valeurs
La Société fait sienne les normes éthiques et professionnelles communes aux professions de la santé ainsi que les valeurs particulières du généralisme, du travail d’équipe, de la formation axée sur les compétences, de l’éducation permanente, de la médecine factuelle, de l’holisme et des soins et des services de santé humains, centrés sur le patient.

CSIM Continuing Professional Development Mission Statement

Our ultimate goal is to go beyond the simple transmission of information. Our goal is to make a lasting impact on the knowledge, skills and attitudes of clinicians and future clinicians; to narrow the theory to practice gap; to improve the health of our patients and of all Canadians.

Mission de la SCMI sur le plan du développement professionnel continu

Notre but ultime déborde du cadre de la simple transmission d’information. Il consiste à produire un effet durable sur le savoir, les compétences et les attitudes du médecin, à combler l’écart qui sépare la théorie de la pratique, à améliorer la santé de nos patients et de tous les Canadiens.