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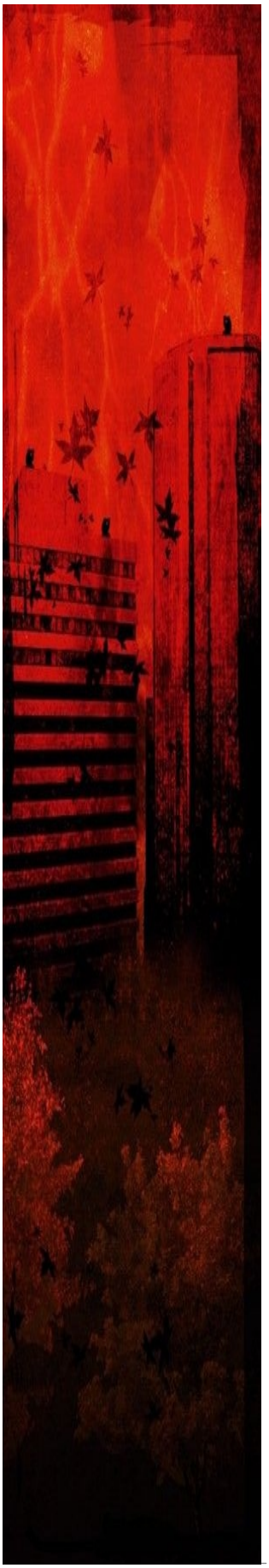

Editorial

Evidence vs Experience in Trauma Surgery

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As a part of Traumacon, over a decade, we have closely observed the changing paradigm of Trauma practice and perception and importance of means of trauma education and learning. A recent Editorial in Journal of Orthopaedic Case reports pointed toward this ongoing struggle between Evidence based medicine and Experience based medicine. Thakkar et al pointed towards this effect being more pronounced in countries like India [1]. We too have seen this development in major trauma conferences across the country.

There is one major difference on how this conflict present in Orthopaedic trauma. Fractures and related injuries have varied presentations and many a times need individual customised treatment protocols. Evidence based Medicine with its rigors and methodology, many a times falls short in addressing these issues directly. Although we can have good evidence in terms of use as modality or against it, but selection of the modality poses practical difficulties. For example, good body of evidence exists to support use of intramedullary nails for intertrochanteric fractures, but at the same time good evidence alrso exists for use of dynamic hip screw for the same. To choose between the two implants depends on two factors, patients' factors and also surgeons' factors. Patients factors are helped by Evidence based medicine where factors like age, bone quality, fracture personality and stability can help in decision making. However, surgeon factor becomes more important in countries like India and specially in rural India where many surgeons are well versed in Dynamic Hip screw and are more comfortable in doing a DHS for these patients. Are they doing wrong or are they doing an outdated surgery? Absolutely not, they are completely justified in performing a surgery in which they have garnered exception skills over decades. And it perfectly fits the principles of evidence-based medicine as surgeon factor is one of the most important pillars of EBM, patient factor and current literature being the other two.

This conflict between evidence based medicine and experience based medicine basically arises due to misinterpretation or narrow vision perception of Evidence. Evidence based medicine does not equate to published literature and journal articles only. It has to be clearly understood that EBM is an

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amalgamation of Literature, patient factors and surgeon factors and all three pillars are equally important. Technically there is no conflict between the two, the conflict only exists in our varied perception of both. EBM urges us to use the best of Literature, the best of our clinical experience and base our decision making taking into account the patient factors. There is no easy way to do this, but it complete relies on our Experience with Evidence based medicine.

In this trauamcon too, we have tried to balance both evidence based medicine and experience based medicine and stitched together a program which does justice to both

Trauma International is in its fourth year now and is successfully published every four month and we will urge all of you to submit to Trauma International and add to our Evidence base

Best wishes and regards

Dr Sushrut Babhulkar
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References

1. Thakkar CJ, Shyam A. Evidence-based medicine: Why there is a low acceptance in countries like India?. Journal of Orthopaedic Case Reports 2017 Nov- Dec;7(6):1-2

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