Correspondence

Journals, BUMPH and all such things: famine amidst plenty

Sirs,

A few weeks ago (this paper was written in June 1997), I received a marketing brochure telling me about two more new journals on evidence-based practice, health policy and management which will be invaluable to me in my job as a public health doctor and purchaser. The editors and editorial boards of these journals are very well known and knowledgeable figures and I do believe that these journals will be stimulating and informative. But I am not rushing to subscribe. Let me explain why.

Apart from the overload caused by BUMPH\(^1\) and burgeoning journals (I now only read the British Medical Journal, Journal of the American Medical Association and Journal of Public Health Medicine regularly), my views on publication\(^2\) and lack of funds to subscribe for journals, I have major reservations about the number and content of sources of information on evidence, policy and management. Currently, there are, I feel, far too many sources and I am using only a few and not making enough impact. The main problem is that we, corporately in the health care system, have not examined and understood how information from various national and international initiatives should be used.

Take me as a purchaser. What is my main business? To negotiate contracts, specialty by specialty, with providers, with the aim of influencing practice and improving health. But do I know what there is to know about that specialty in terms of evidence, policy and management; evidence on effectiveness for the range of interventions practised; the likely new developments; our policy on these, priority setting and on investment and disinvestment decisions; and how to increase efficiency in the specialty by innovative models of delivering health care whether in primary, secondary or tertiary facilities?

The answer is No.

Do the clinicians and managers at the provider end, and general practitioners, know about these issues? – No.

So where am I going with this? I am not asking that we stop producing new journals. In this free world publishers take the risk and people have a choice about whether to write for these journals and subscribe to them. I am also not against generalist journals; many of us are generalists and find these useful, and we can often make ‘imaginative’ connections. But I am not reading and subscribing to many of these now.

To publishers, and aspiring editors, I would suggest that there is an urgent need to start collating information systematically from various sources including those mentioned in EL(94)74,\(^3\) specialty by specialty, and if they do that they will find a more than willing market amongst professionals and managers.

In addition, this is a plea to the many people on the journals’ boards and in the policy-making arena to consider my comments and explore how we can make the best use of available resources. Regardless of the future plans for the NHS and whether there will be contracts or not, one thing is clear: there will not be enough money to do whatever we want to do and in the way we want to do it. We are going to have to make choices and change practices, and in doing so we will need answers to the questions mentioned earlier.

Some answers already exist, thanks to initiatives such as the Health Needs Assessment series, Cochrane Library, Health Technology Assessment Programme, Effective Health Care Bulletins, etc. However, the information is not being kept together systematically, or disseminated appropriately, in the way that it can be used. We, both the purchasers and providers, need this information, specialty by specialty, to drive contracts and agree audit, research, and new developments at local and national level.

Two years ago in our Health Authority we set up a Clinical Effectiveness Resource Centre with the aim of systematically capturing information from various sources,\(^4\) which could then be used at the regular meetings with the hospital clinicians and managers, and form the basis of contracts. We developed a template of the various items that we needed to explore with clinicians in primary and secondary care, and to show how we could come up with a meaningful contract and promote effectiveness and efficiency agenda.\(^5\)

Although we made some progress, we have also struggled with the first hurdle of collecting information. The resources required to do this at a District Health Authority level are far short of what is needed.

In conclusion, I feel that our ability to improve the quality of life of patients through clinical interventions has never been greater. However, we have not made the best use of existing knowledge. We claim to follow Archie Cochrane’s advice, but I wonder if we are really following the spirit of his sayings.

As I see it, there are five key themes in Archie Cochrane’s seminal text: systematic process, evidence of effectiveness, pursuit of efficiency, a specialty-by-specialty approach, and regular updating, and all of these belong together and not in
separate compartments. Although I never met him, I do not think Archie Cochrane would have been satisfied with the lack of overall co-ordination between various national and international initiatives, and particularly the lack of simultaneous attention to his five themes.

We owe it to him, and to our populations and ourselves, to follow Archie Cochrane’s advice and tackle the current famine of proper information amidst plenty. There is much to be gained, and given the amount of money already being spent on various initiatives it need not even cost any more.

References

Yours faithfully
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Research and the Internet

Sirs,

Every computer-shy adult knows that the most effective way to sample the delights of the information superhighway is to recruit the services – by fair means or foul – of a moderately co-operative teenager. He or she will boot up, log on, drive the search engine and surf the net with a facility and stamina that will astonish the bemused onlooker.

There may be as many as 100 million current users of the World Wide Web and this figure will almost certainly have risen rapidly by the end of the century. As electronic communications are a fairly recent phenomenon, a disproportionately large number of users are likely to be under the age of 20. Their technical familiarity with computers, combined with the insatiable curiosity of adolescence, offers today’s youth unprecedented access to massive quantities of electronically stored data.

The sword is, of course, double-edged. All human life is represented on the Net, encompassing the depths of crass commercialism and depravity as well as the heights of intellectual and cultural achievement. The clicking mouse crosses the boundaries of quality, taste and legality with unnerving ease. Understandably, much media interest has focused on the alleged dangers posed by the Internet to individuals and society. Attempts to police the system have failed dismally so far and this has led to frequently expressed concerns about the potentially corrupting influence of unsavoury material on vulnerable young minds. Less dramatically, the risks associated with the posting of misleading information and the direct marketing of medicines on the Internet have been highlighted recently.1,2

Although the enormous educational implications of cyberspace are widely acknowledged, its scientific possibilities have been relatively neglected. There are signs, however, that the extraordinary opportunities presented by these developments to medical researchers are beginning to be appreciated. Because the interactive capabilities of the Web are growing apace, users are increasingly contributing as well as accessing material. In theory, it is now possible to identify huge study populations of enthusiastic research subjects for the purpose of conducting surveys on an almost infinite variety of topics. Moreover, once a study population has been recruited, it could prove possible to maintain contact with it for months, years or decades. Because the sample sizes of these cohorts could run into millions, this scenario has been described as an epidemiologist’s dream come true.3

The collection of research data from millions of people via electronic questionnaires may be technically feasible and methodologically attractive, but the conceptual and practical ramifications are formidable and hard to predict with certainty. How would ethical approval be obtained for undertaking a survey of the health and well-being of a global sample of, say, a million 10-year-olds? Should the approval of parents, guardians or teachers be sought, and if so how? Could children become unduly anxious or distressed by questions touching on potential sensitive areas of their lives? How would enquiries about the study from the study sample be dealt with? What measures can be taken to ensure confidentiality? As Internet users are volunteers, how representative are they of their reference populations? How would the response rate be assessed? What would be the implications of increasing non-response over time? Should non-responders be sent reminders, and, if so, how can those who have moved or died be identified? How would duplicate responses from the same individuals be recognized? Would the responses to specific questions be valid, and how would validity be measured? What are the analytical and statistical implications of hypothesis testing on such vast...