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For copies, please contact Dr. Reiss directly at dmreiss@cox.net

Wisdom-Based Treatment

David M. Reiss, M.D.

“Evidence-based Treatment”. Sounds good to me. Basing clinical judgments on “evidence” – what more can you ask? Would you really want to be treated by a doctor practicing “whim-based treatment”, or “guess-work based treatment”? Surely not a practitioner of “seat-of-the-pants based treatment.” It does bother me a bit, that after all the stigma that has been attached to psychiatry as a field of medicine, that we are now adopting the language of *lawyers* – but that’s neither here nor there.

Those advocating “Evidence-based Treatment” make sure to point out that they are not focusing exclusively on studies of the effectiveness of psychopharmacological agents. They refer to various studies of the effectiveness of other interventions. They describe “evidence-based” means of providing psychotherapeutic and psycho-social intervention, and encourage additional research in that area. They downplay the risk of the corporate medicine/managed care mentality over-emphasizing the “quick fix” medication-based approach to mental health treatment. But while the advocates of “Evidence-based Treatment” may not be focusing solely on psychopharmacological intervention, what they are focusing upon – essentially exclusively – is *statistics*. Quoting Darrel Reigier, M.D., M.P.H., (*Adopting Evidence-Based Treatments*, Psychiatric Times Vol. XXI, No 10, September, 2004), “The psychotherapies are going to need to be subject to the same kind of evidence in clinical trials.”

Actually, I find the term “Evidence-based Treatment” to be rather misleading – and insulting. I don’t know any good psychiatrist who hasn’t, in reality, always practiced evidence-based treatment. What is being unintentionally or disingenuously missed by the “Evidence-based Treatment” crowd, is that “evidence” comes in different forms. Not all evidence is derived from statistically-based “clinical trials”. Just imagine a court of law, where the only “evidence” allowed to be considered was the result of statistical studies. No testimony by the defendant. No eye-witnesses. No expert witnesses who could provide opinions based upon *experience*. No circumstantial evidence. And of course, never any hearsay! Opening and closing statements would be outlawed. The only evidence admitted would be statistics from nicely controlled “clinical trials” – with means, and standard deviations, and margins of error – all of those neat

calculations. Only then could a verdict be reached, “Your Honor, we find the defendant, *on the average*, to be guilty!”

Statistical analyses don’t lie. But mathematically speaking, statistical analyses are only as valid as the *weakest* aspects of the data collection process and study design – and the honesty of the statisticians. At the same time, statistical analyses refer to *collections* of subjects. Not necessarily any one individual. Not necessarily my specific patient. Uniqueness is “averaged out”.

“Evidence-based Treatment” implies that making the best and safest clinical choices resides in relying upon statistical data. Just as, last month, evidence-based judgment led me to smile knowingly as a patient described the relief from his aching joints he got from taking Vioxx – but this month, evidence-based judgment caused me to rush him to the emergency room to see a cardiologist upon his mention of the dread poison.

I have no problem with considering statistical data as *important evidence* to use in making clinical decisions. I do have a problem with ignoring knowledge gained from personal observation and experience, ignoring information obtained from the observations and experiences of trusted colleagues – and last but not least, ignoring the reports provided to me directly by *patients*, with whom I have a therapeutic relationship, regarding their responses to treatment interventions. The wise physician has always considered all of the evidence – with an open mind, analytically, and critically. Just as in a court of law, some “evidence” proves important. Some “evidence” proves irrelevant. Some “evidence” proves misleading. Some “evidence” proves fraudulent. A just and accurate verdict is not reached by accepting any of the evidence uncritically. The just verdict is derived by using wisdom to *weigh* the different types and qualities of evidence available. Good luck with “Evidence-based Treatment”. I’ll cast my lot with “Wisdom-based Treatment.”