

Moving Points in Medicine: An Introduction

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Evidence-based medicine is now a well established concept and practice on which sound clinical practice is based upon. Hopefully, this would lead to a more solid clinical practice given that it would be based on sound reasons and reasoning. Conjectures and anecdotal experiences are reduced to just that and considered unscientific and often not worthy of becoming the basis of clinical practice. Yet, one must quickly acknowledge how astute non-interventional, mere observations may change clinical practice forever, as is the case of thalidomide use in pregnancy. Further, there are so many areas of clinical practice yet that are steeped in tradition and common usage which have not gone the rigours of clinical trials.

But of course the randomized clinical trials (RCT) is the the gold standard by which drugs (and other therapeutic procedures) are tested and found to be acceptable based on their efficacy and safety, and efficiency. The RCT has undergone refinements and improvement both in its conceptualization, methodology and conduct, analysis and deduction. Its limitations need to be acknowledged and understood though, in large or small measure and need to be adequately and realistically considered when deductions are made from it, more so when this may influence everyday clinical practice.

Due to various factors including study design, population characteristics, statistical analysis and drug use, RCTs on the apparently similar volunteers may come to different and sometimes conflicting conclusions. The average doctor may be confronted by this scenario and may be left bewildered and confused, and sometimes bemused. The use of hormone replacement therapy, supplementary vitamins, type of heparin for acute coronary syndrome, endarterectomy for asymptomatic carotid artery disease are but a few examples which are hotly debated.

The Editorial Board of the Medical Journal of Malaysia has decided to commission a new section in the Journal called *Moving Points in Medicine*. The objective of this section is to highlight current controversies, understand and perhaps resolve some points arising from these and try to interpret these in the light of current clinical practice in Malaysia and the hoped-for best practice of medicine. Personal bias and emphasis on the part of the critique may be unavoidable but this would hopefully be kept to a bare minimum. The Board believes that this will be a major service and interest to the wide readership of the Journal, together with its other specialty sections such as CME and Editorials, apart from the Original Articles, Reviews and Case Reports. I am confident that this will be so, and look forward to comments and queries from you the readers. Thus, watch this space!

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