Sackett,\textsuperscript{1} as reviewed on page 766, along with others\textsuperscript{2} recommends that we move to practising evidence based medicine. Our present practice depends to a large extent on experience based habits.

At a recent meeting of the Pretoria branch of the Academy, James Ker spoke on this topic. He made the point about experience based medicine quite graphically. When we are young we claim authority by saying: "My professor said or did it this way". Later when we are greying and more experienced we say: "In my experience"!

It is becoming clear that our experiences seldom stand up to scientific scrutiny. As a young doctor I worked in a city where a senior doctor had a bad experience while personally using chloromycetin. In the next city I got to it was used with gay abandon as the leaders in that town had not suffered themselves and many patients' lives had been saved from typhoid. In both towns people followed the leaders to a greater extent than the evidence.

The evidence does not give us absolute certainty. After all we are dealing with people and biological phenomenon. Evidence based medicine is working on ways of quantifying our uncertainties. What is the pay off from a particular test or the relative risk of a particular intervention?

Evidence based medicine is something that will impact on us in the next few years. We will have to get used to being evaluated by the degree to which we base our decisions on sound evidence. I have a fear that narrowly focused clinical epidemiologists may only accept evidence from a biomedical paradigm as legitimate. We will have to do and publish research done with due rigour from a range of viewpoints if we want to do justice to our patients who are more than mere biomedical beings. If we do not do this research within our own discipline we will be ruled from without.

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Sam Jansen
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References: