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Vol. 4, No. 4, April 2008 "Can You Handle the Truth?"

"Testing Treatments: Better Research for Better Healthcare"

Imogen Evans, Hazel Thornton, and Iain Chalmers, 2006, 116 pages, The British Library, Free

Review by Norman M. Goldfarb

"Testing Treatments: Better Research for Better Healthcare" should be required reading, not just for clinical researchers, but for everyone interested in healthcare. The slim volume effortlessly identifies simple ways to dramatically improve medical research and treatment. However, like many simple solutions, cooperation by the beneficiaries is necessary, not a trivial undertaking.

This book has been selected for

The First Clinical Research Bookshelf

Essential reading for clinical research professionals

The authors point out the disparity between informed consent in research and in the clinic. When a medical treatment involves uncertain benefits and risks to the patient, treatment is equivalent to a one-person medical experiment, without the benefit of advancing scientific knowledge. Since society has determined that informed consent is so important in clinical trials, with all of their regulations and IRB supervision, should it be given such short shrift in clinical practice? Perhaps there is a middle ground.

Many potential clinical trial subjects do not want to be force-fed all of the information in a full-blown informed consent form. Rather, they just want the information to be available. Many potential clinical trial subjects do not want to be the sole decision-maker on trial participation; they want to share the decision with the physician/investigator. With the current process, it is easy for investigators to abdicate their responsibility in the decision to the potential subject.

Physicians are often reluctant to discuss the uncertainties of a medical treatment with patients. They have legitimate reasons: A confident recommendation promotes the placebo effect. Also, society has decided not to pay physicians more for such discussions. However, false confidence in the physician's recommendation discourages patients from participating in the very trials that would clear up the uncertainties. The authors propose that if the choice of medical treatment is undercertain, the only ethical course is to participate in a clinical trial.

The authors chronicle numerous medical treatments that were in widespread use before a controlled trial or a meta-analysis of previous studies proved that the treatment did more harm than good. They point out that patient welfare is often sacrificed in redundant trials because investigators did not review the literature. A more systematic approach to research would address both of these problems.

It is especially difficult to recruit subjects for a clinical trial when other trials are competing for their attention. By gathering all interested parties within each therapeutic area to set research priorities, society can guide potential subjects to the clinical trials most likely to generate important medical progress.

The book includes eight chapters:

- New – but no better or even worse
- Used but inadequately tested

- Key concepts in fair tests of treatments
- Dealing with uncertainty about the effects of treatments
- Clinical research: the good, the bad, and the unnecessary
- Less research, better research, and research for the right reasons
- Improving tests of treatments is everybody's business
- Blueprint for a revolution

The book is available in English, Italian and Arabic at http://www.jameslindlibrary.org/testing-treatments.html.

Reviewer

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