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Interpreting unbiased comparisons

A fair treatment comparison is one that [avoids biased comparisons](#). This entails taking steps to minimise [biases due to differences between the patients compared](#), and [biases due to differences in the way treatment outcomes are assessed](#).

Even if these biases have been avoided, however, interpreting unbiased comparisons is often not straightforward. For example, have any [differences between treatments intended and treatments received](#) been taken into account, and has account been taken of [the play of chance](#)?

Sometimes, a new study provides very strong evidence of the effects of a treatment. For example, tens of thousands of people participated in a remarkable study that showed that an aspirin tablet could substantially reduce the risk of death among people who are experiencing heart attacks (ISIS-2 1988). It is only very rarely, however, that a single study provides such strong evidence, so it's important when reading reports of most studies to ask whether the new evidence has been integrated in [systematic reviews of all other relevant evidence](#). If so, have steps been taken during that process of synthesis to minimise the impact of [biased reporting of the available evidence](#) and [biased selection from the available evidence](#)? Has the potential for [reducing the play of chance using meta-analysis](#) been considered?

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Reference

ISIS-2 Second International Study of Infarct Survival Collaborative Group (1988). Randomised trial of intravenous streptokinase, oral aspirin, both, or neither among 17187 cases of suspected acute myocardial infarction: ISIS-2. *Lancet* 2: 349 60.

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