

Foreword to the Arabic translation, by Adib Essali (email: adib-essali@net.sy), of *Testing Treatments: Better Research for Better Healthcare* (Evans, Thornton and Chalmers)

Arabic Foreword translated into English by Hazim Timimi (email: htimimi@lindalliance.org), with help from Adib Essali, October 2007

I thought deeply before setting off to translate this book, the authors of which believe that it should be read by everyone. Does this belief of theirs also apply to Arabs, be they patients, doctors, nurses or politicians?

The authors present a number of convictions that they have advocated for some decades, and which I have always endorsed.

The first conviction is that medical practice shouldn't be a routine repetition of what clinicians heard or learnt off by heart. Knowledge is renewed continuously and clinicians should develop their knowledge throughout their lives by continuously questioning the effectiveness of treatments they give to their patients. Science is cumulative and doctors are duty-bound to see new information in the light of what's already known by means of systematic reviews. A systematic review is a review of all trials that have considered a medical intervention, regardless of when, which country and in which language. Systematic reviews have principles that are made clear in this book. Valid relevant articles must be selected out of the piles of existing publications. Their results have to be combined to reach the best available evidence about the clinical intervention under question, be it diagnostic, therapeutic or preventative.

The second conviction is that the best form of scientific investigation to assess the effectiveness of a clinical intervention is the randomised controlled trial. An old Arab proverb said that "a trial is the best form of proof". This remains true but a trial must adhere to some principles if it is to achieve reliable conclusions. A trial has to be controlled and to be randomised. "Controlled" means comparing two groups of patients, one given the intervention being studied, the other being given a different treatment. "Randomised" means allocating patients to the two comparison groups randomly. Comparison and randomisation are two important concepts used in scientific medical research and this book illustrates their importance in an easy and accessible way.

Without stating it explicitly, this book also presents a simplified explanation of the principles of biostatistics and epidemiology used in designing and carrying out medical scientific research.

The third conviction is that medical interventions aren't simply black or white. Most fall in the grey area between the two extremes. They have their benefits and their harms. Patients' wishes are important when weighing up the balance of probabilities for these benefits and harms. Therefore doctors are asked to take a responsible stand not by simply acknowledging that 'grey' interventions do exist, but also by admitting that the benefits and harms of many interventions are still unknown. They need to make uncertainties clear to their patients and to cooperate with them to fill these gaps in knowledge.

The fourth conviction is that understanding the principles of scientific research is necessary not just for the doctor, researcher or manager, but also for any patient or ordinary citizen, because these principles affect their health. Patients shouldn't remain passive recipients of healthcare or observers waiting for new research to come to their aid. Patients need to work to turn their health problems into scientific research projects. They need to help carry out experiments and to implement the results. "Experiments" may give the impression that a clinician isn't sure of the best treatment for an illness, but it is necessary to admit that this really is the case and that experimentation is necessary in many situations to identify the suitable treatment. However, experimentation doesn't mean prescribing a 'grey' treatment while pretending to know all about it.. It should instead be scientific, open, transparent and subject to scientific and ethical scrutiny.

Is this important to Arab patients and health care workers? It is sad that the Arab world doesn't produce much in the way of scientific research nowadays. Accordingly, not many Arab patients and health care workers would be expected to take part in devising and carrying out research. This, nonetheless, doesn't mean that Arab citizens should remain ignorant of how scientific research is carried out, even in other parts of the world. Research results guide our health policies and affect our health. A new therapy is often introduced to Arab markets simply because it has been approved by a health authority in a developed country. But health authorities do make mistakes, even in developed countries. Approval doesn't necessarily mean that an authority is concerned solely with its people's welfare. Commercial, academic and other interests may hide the truth and mislead people – as this book makes clear. Therefore, even if we remained simply consumers of the results of others' research, we must become enlightened consumers capable of distinguishing between good and bad research.

Much research is driven by investors' greed and researchers' selfishness rather than patients' interests. If we want to contribute to the world's medical literature then our academic institutions and pharmaceutical industries shouldn't follow the model of chasing fame and profit. Instead, they should focus more on social development and cooperation between researchers, funders and patients. Systematic reviews designed to answer health questions that matter to patients are a way of benefiting from the world's medical literature and to develop it in a way that increases the participation of Arab clinicians and researchers.

Could we do this in practice? Can Arab citizens, patients, researchers or clinicians take part in answering questions that are important to patients, their families, doctors and other health care workers worldwide?

Schizophrenia is a chronic and devastating mental illness. There are effective treatments to control its symptoms, but many patients and their relatives ask repeatedly: when should I stop taking the drug? The answer to this question is important to millions of patients and their families because schizophrenia affects about 1% of people in every society, regardless of its level of development, or its cultural or religious beliefs.

The question of when to stop medication was discussed at a meeting of the Syrian Arab Association of Psychiatrists. Many predominantly logical answers were given, but none were based on research evidence. The valid answer should come from randomised controlled trials of patients who had been treated, whose symptoms had stabilised and who had been divided at random into two groups: one that continues with the medication and one that stops taking it. Such trials need time, effort and money to follow the two comparison groups and to calculate rates of outcomes that are important to patients, such as relapse in both groups.

Such a trial wouldn't be necessary if a similar one had already been carried out. The way to make sure of this is to carry out a systematic review of the medical literature. A group of Syrian researchers carried out just such a review. They found piles of scientific publications which they had to assess to separate the wheat from the chaff. They ended up identifying ten randomised controlled trials comparing stopping treatment to continuing treatment. The answer they found was thrilling¹ and clarifies the consequences of continuing or stopping treatment for any patient in any part of the world. This systematic review is but one of an increasing number of systematic reviews that Syrian, Saudi, Egyptian and other Arab researchers are adding to the world's medical literature.

As far as daily clinical practice is concerned, the need for change in our Arab countries is no different from that elsewhere in the world. The main health problems suffered by Arabs have changed from acute illnesses to chronic, long-term diseases. The aim of treatments has also changed. Complete cures are not possible in most cases; alleviating suffering and improving quality of life have become desirable aims.

The paternalistic model of doctors imposing treatments, which was acceptable until so recently when caring for those with acute and treatable diseases, is no longer suitable when dealing with diseases where treatments have partial benefits and disturbing side-effects. Clinicians need to change their attitude and patients have to demand that change. Clinicians should complement their expertise with the best available research evidence. Therapeutic decisions should be reached only after discussion with patients and taking their wishes into account. These are the principles of evidence-based medicine (clinical experience, research evidence, patients' preferences) that have started to spread to many Arab countries.

The free hand previously enjoyed by doctors to act as all-knowing, thus irresponsibly endangering their patients' health sometimes through practices that cannot be justified ethically or scientifically, is now being eroded in developed countries. The freedom to continue dealing with patients using methods learnt many years earlier at medical school, or learnt from tattered, outdated books or "heard about" from some source or another is also being questioned. The time has come for Arab doctors to join the ranks of doctors who recognise that there are gaps in their knowledge and that they are not infallible, but are willing to learn and to develop their practice continuously throughout their professional life.

I believe that it is necessary for every Arab citizen to benefit from the arguments presented clearly and accessibly by the authors of this book. If some of these ideas are new to the Arab reader², the authors have other ideas that shouldn't be

unfamiliar. Sir Iain Chalmers suggested once during a personal conversation that developing medical research and healthcare in the Arab world needs Arab unity!!!

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¹ <http://www.cochrane.org/reviews/en/ab006329.html>

² Further reading in Arabic around the subjects presented in this book is available at:

- Essali, MA (2006). Evidence-based medicine, In: Hassan Al-Maleh: Our psychological life, Dar Al-Fikr, Damascus.
- Essali, MA (2005). Applying continuing medical education in the Syrian Arab Republic. The Arab Medical Journal 155: 29-34
- Essali, MA (2004). Evidence-based medical practice, Journal of the Arab Council for Medical Specialties 13: 6-19
- Essali, MA (1999). Modern implementation of informatics in teaching human medicine, Journal of Computer Research (The Association of Arab Science Research Councils, Baghdad) 3: 57-66
- The Continuous professional development website at www.ebm-syria.com