

The need for systematic reviews in family planning

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"THE PHRASES THAT MEN HEAR OR REPEAT CONTINUALLY, END BY BECOMING CONVICTIONS AND OSSIFY THE ORGANS OF INTELLIGENCE."

Goethe

"Multiphasic oral contraceptives are more 'physiological' than monophasic birth control pills and thus are superior. Intrauterine devices cause pelvic inflammatory disease and tubal infertility and should not be used by women without children. Women need to take a 'break' from oral contraceptives every few years to give their bodies a rest."

Clinicians around the world hear these and similar claims daily. But should they be believed? As suggested by Goethe, these claims can assume a life of their own after repetition. Clinicians then let down their scientific guard and tend to accept these pronouncements as fact. This problem is even more acute when respected authorities make these pronouncements.

A recent survey [\(1\)](#), revealed the extent to which clinicians defer to authority. The survey asked physicians what they would do when faced with a challenging clinical problem. The most common response was to consult a respected authority.

Regrettably, authorities are often a poor source of advice. Early in this century, Sir William Osler strongly recommended bloodletting to treat lobar pneumonia. Famous obstetricians of his day were advocating bloodletting to treat eclampsia as well. In the 1970's, influential obstetricians touted the benefits of the Dalkon Shield. The biases of prominent clinicians are still biases, and they deserve all the respect that biases deserve...which is not much.

The next most common response in the survey [\(1\)](#), was to consult a text or clinical guidelines. Textbooks can be dangerously obsolete for treatment recommendations. As shown in a landmark meta-analysis [\(2\)](#): over 13 years elapsed between presentation of clear proof that thrombolytic drugs save lives after heart attack and when the majority of cardiology texts and review articles began to recommend this treatment. Like other authorities, the cardiology authors simply could not keep abreast of randomized controlled trials appearing in nearly one hundred different journals. Sadly, this inability to keep up with the literature indirectly hurt and killed many patients. This utilization gap points out the need for up-to-date systematic reviews of the literature: we need to know what we know.

Clinical guidelines can be helpful or dangerous, depending on how they are developed. Evidence-based practice guidelines [\(3\)](#), provide an important tool for the busy clinician. In contrast, the usual approach to guidelines is to have experts make their best guesses. Often grandly termed a "Delphi Panel," this process has also been

labelled the "B.O.G.S.A.T." approach: a Bunch of Old Guys/Gals Sitting Around a Table.

The least common survey response [\(1\)](#), was to perform a Medline search. While this option provides the most current information, the output is undigested - easy to access yet hard to synthesize. In addition, the Medline content is limited to abstracts, which may be incomplete or inaccurate.

The Cochrane Collaboration [\(4\)](#), was established to help clinicians and consumers access the best available evidence about medical practice. Volunteers around the world are attempting to find and synthesize randomized controlled trials in many areas of medicine. Cochrane Reviews relevant to reproductive health are now being distributed worldwide through the WHO Reproductive Health Library. A review group interested in fertility regulation, based at the University of Leiden, The Netherlands, has also started contributing reviews to the WHO Reproductive Health Library [\(5\)](#). Topics included in this issue of RHL are: the use of prophylactic antibiotics at IUD insertion, use of antibiotics in incomplete abortion, approaches to emergency contraception and tubal sterilization.

In order to practice evidence-based medicine, clinicians must be able to access the evidence. However, this can be difficult, particularly for colleagues in developing countries where resources may be limited [\(6\)](#). Instead of relying on expensive subscriptions to traditional journals, clinicians and libraries around the world now can receive systematic reviews of important clinical topics via the WHO Reproductive Health Library. This electronic medium is filling an information gap around the world, and its usefulness will grow along with the number of completed reviews.

Family planning clinicians need evidence-based, systematic reviews to guide practice. The WHO Reproductive Health Library is an important step in this direction. Our counselling and practice should reflect the best available evidence - and not what an authority tells us, what pill samples happen to be available in the closet, or which drug company representative buys the best pizza.

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