Evidence-based medicine: Do primary care doctors practice what they believe?

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Objectives: To explore the influence of primary care doctors’ personal health beliefs and practices of preventative care on their clinical practice. Methods: This is a qualitative study among PCDs in Klang Valley, Malaysia. Purposive sampling was done to recruit doctors from university-based, public and private clinics until data saturation was achieved. 31 respondents consented and in-depth semi-structured interviews were conducted. Audio-records of interviews were transcribed verbatim and analysed using thematic approach. Results: PCDs who believed there was evidence supporting a clinical practice would follow the practice and recommend it to patients. This was particularly seen in the use of complementary and alternative medicine (CAM) and screening. Some who believed there was no evidence supporting traditional treatments would not recommend CAM to patients while others would leave the decision-making to patients if they believed such treatments were harmless. However, we found PCDs’ interpretations and understanding of evidence were misconstrued sometimes. Their ‘evidence’ on CAM was from leading proponents or conference speakers that influenced their use of CAM and clinical practice. Personal experience of a good treatment outcome also influenced PCDs’ self-health practice and clinical practice on patients despite a lack of evidence supporting such practice. Conclusions: PCDs’ clinical practice is influenced by their beliefs of the availability of evidence supporting its practice. However, their interpretation and beliefs of evidence-based medicine may not be accurate. Further interventions are needed to assist doctors in appraising evidence.

The Clinical Decision-Making of Medical Generalists working in Ambulatory Emergency Care


Objectives: Ambulatory emergency care (AEC) aims to provide hospital equivalent medical care in out-of-hospital settings for acutely unwell complex older patients. The investigation aimed to understand the characteristics, beliefs and motivation of the medical generalists at work in the AEC environment as part of a wider study on clinical decision making. Methods: This qualitative investigation uses focused ethnography within a case study approach. Participant-observation was complemented by informant interviews. A framework approach to thematic analysis was used for data analysis. Three AEC sites were purposively sampled to recruit twelve clinicians (Consultants, General Practitioners and Clinical Coordinators) with backgrounds in Emergency Medicine, Acute Medicine, Geriatrics and General Practice. Results: The key characteristics of the AEC generalists were the ability to work across professional boundaries, an awareness of clinical uncertainty and reflexivity. The participants explained how interaction between community and hospital-based clinicians promoted the development of the AEC ‘community of practice’. These clinicians