

## REFERENCES

1. Heneghan C, Godlee F. Where next for evidence based healthcare? *BMJ*. 2013;346:f766.
2. Muckart DJJ. Evidence-based medicine: are we boiling the frog? *S Afr Med J*. 2013;103:447-8.
3. Miller CG, Miller DW. The real world failure of evidence based medicine. *Int J Per Cent Med*. 2011;1:295-300.
4. Seshia SS, Young GB. The evidence-based medicine paradigm: where are we 20 years later? Part 1. *Can J Neurol Sci*. 2013;40:465-74.
5. Seshia SS, Young GB. The evidence-based medicine paradigm: where are we 20 years later? Part 2. *Can J Neurol Sci*. 2013;40:475-81.
6. Luus HG, Muller FO, Meyer BH. Statistical significance versus clinical relevance. *S Afr J Med*. 1989;76:568-70.
7. Vincent J-L. We should abandon randomized controlled trials in the intensive care unit. *Crit Care Med*. 2010;38:S534-8.

## RESPONSE TO THE LETTER TO THE EDITOR

**Re: Evidence Based Medicine – A Sorcerer’s Apprentice? *Can J Neurol Sci*. 2014;41:128**

We thank Dr. Muckart for his contribution to the dialogue on the Evidence-based medicine (EBM) paradigm<sup>1</sup>, a major objective of our review<sup>2</sup>. His comments on the role of randomized controlled trials in critical care reinforce our own on Neuro-intensive care<sup>3</sup>.

In addition, while conducting a recent search for references, using the search term “Critical appraisal,” one of us (SSS) came across an article by Professor Jenicek (Canada), “*Evidence-based medicine: Fifteen years later. Golem the good, the bad, and the ugly in need of a review?*”<sup>4</sup> It seems inconceivable that we could have overlooked so intriguing a title, despite using the search term “evidence-based medicine” in our reference search<sup>2,3</sup>; but we must have, since Jenicek includes “evidence-based medicine” as one of the key words;<sup>4</sup> the article appears when we (now) use the search phrase: “evidence-based medicine and Jenicek.” Our inadvertent omission, for which we apologise, draws attention to the potential for human error in scientific academic endeavours; can Cochrane (systematic) reviews be exempt?

The authoritarian teachings of some EBM experts and our often unquestioned acceptance of evidence, justify the analogy with the “*Sorcerer’s Apprentice*” (who cannot control his broom)<sup>1</sup>, and to “*Golem*” (an obedient servant who can become dangerous)<sup>4</sup>. Reasoning and critical thinking must always be the very core of EBM healthcare and practice<sup>4</sup>. Evidence-based medicine has served us well, but must undergo continuous critique and improvement<sup>1-5</sup>. Jenicek said it well: “Being critical of EBM does not mean its denial, but rather a will to see it improve”<sup>4</sup>.

Shashi S. Seshia

Department of Pediatrics (Division of Pediatric Neurology),  
University of Saskatchewan, Saskatoon, Saskatchewan,  
Canada. Email: [sseshia@yahoo.ca](mailto:sseshia@yahoo.ca).

G. Bryan Young,

Grey Bruce Health Services, Owen Sound, Ontario, Canada.  
& Department of Clinical Neurological Sciences and Medicine  
(Critical Care), Western University, London, Ontario, Canada

## REFERENCES

1. Muckart DJJ. Evidence based medicine – a sorcerer’s apprentice? *Can J Neurol Sci*. 2014;41#1:128.
2. Seshia SS, Young GB. The evidence-based medicine paradigm: where are we 20 years later? Part 1. *Can J Neurol Sci*. 2013;40:465-74.
3. Seshia SS, Young GB. The evidence-based medicine paradigm: where are we 20 years later? Part 2. *Can J Neurol Sci*. 2013;40:475-81.
4. Jenicek M. Evidence-based medicine: fifteen years later. Golem the good, the bad, and the ugly in need of a review? *Med Sci Monit*. 2006;12:RA241-51.
5. Agoritsas T, Guyatt GH. Evidence-based medicine 20 years on: a view from the inside. *Can J Neurol Sci*. 2013;40:448-9.