Editorial

THE *REVISTA COLOMBIANA DE OBSTETRICIA Y GINECOLOGÍA* AND MEDICAL EDUCATION IN EVIDENCE-BASED MEDICINE

It is proposed that a series of articles dealing with medical education should be published in the present issue of the *Revista Colombiana de Obstetricia y Ginecología,* and those that follow, with the aim of preparing our readers in understanding basic concepts, interpreting and applying the most used epidemiological estimators in evidence-based medicine (MBE).

Some colleagues consider that using MBE is inconvenient, since it does not recognise experience as a source of knowledge, that its complexity requires a solid knowledge of clinical epidemiology for correctly interpreting and applying it, that it has complicated current medicinal practice and that it has increased costs.[1]

Current medical practice is framed within the use of constantly-evolving technologies. Examples of this could be the images allowing us to study the human body's internal structures in great detail[2] and even foetal structures during pregnancy[3] or molecular biology techniques leading to viral infections being identified as screening methods for cancer.[4] Such techniques, which were unimaginable 30 years ago, form part of the diagnostic alternatives available today at individual or population level. On the other hand, more medicaments are becoming available every day, some being very expensive and having novel indications, which are distributed before a careful evaluation has been made of their benefits, their risks or their cost/effectiveness in the local context.[5] Today, information is not just the privilege of qualified people working in the field of health; it is within the reach of the general public. By means of Internet, patients and their families can gain access to information regarding the latest technologies related to their health problem.[6] Such situations mean that people working in the health field need to know not only about cutting-edge technologies' but also how useful they are, especially those which we use with most frequency in our daily practice.

MBE seeks to complement good judgement gained through experience with tests supporting the performance of the technologies' which we use in our daily tasks. This allows us to identify the problem and confront it, efficiently selecting and making a critical analysis of the available literature concerning it and summarising and storing it.[1] Renouncing the use of MBE does not seem to be a good decision within the context of current medical practice framed within the large volume of available information (as mentioned above and specially medical literature),[1] the restrictions imposed by insurance entities regarding using certain technologies, the pressure from manufacturers for making greater use of them and the risk of being sued for poor results arising from the health care having been provided.[7]

The *Revista Colombiana de Obstetricia y Ginecología* (FECOLOSOG's official publication) thus aims to comply with the objectives stated in its mission of contributing towards its affiliates' medical education. It invites different authors to contribute to this objective by participating in this section so that examples of applying the concepts of MBE can be presented in it, using problems in our

daily practice so that our readers may have better elements readily available for critically approaching available medical information.

Hernando Gaitán D., M.D., MSc
Editor

REFERENCES

1 Straus S, Richardson WS, Glasziou P, Haynes B. Introduction. En: Straus S, Richardson WS, Glasziou P, Haynes B, editors. Evidence Based Medicine: how to practice and to teach EBM. 3rd ed. Edinburg: Elsevier; 2005. p 1-12.

2 Lax A, Prince MR, Mennitt KW, Schwebach JR, Budorick NE.The value of specific MRI features in the evaluation of suspected placental invasion. Magn Reson Imaging 2007;25:87-93.

3 Gagnon A, Wilson RD, Allen VM, Audibert F, Blight C, Brock JA, et al. Evaluation of prenatally diagnosed structural congenital anomalies. J Obstet Gynaecol Can 2009;31:875-81.

4 Naucler P, Ryd W, Törnberg S, Strand A, Wadell G, Elfgren K, et al. Efficacy of HPV DNA testing with cytology triage and/or repeat HPV DNA testing in primary cervical cancer screening. J Natl Can Inst 2009;101:88-99.

5 Reynales-Shigematsu LM, Rodrigues ER, Lazcano-Ponce E. Cost-effectiveness analysis of a quadrivalent human papilloma virus vaccine in Mexico. Arch Med Res 2009;40:503-13.

6 Medline plus. Biblioteca Nacional de Medicina de los EE UU y los Institutos Nacionales de Salud. Visitado en 2009 Dic 1. Disponible en: http://medlineplus.gov/spanish/

7 Perrier J. Relación gremial con las aseguradoras. Rev Chilena de Cirugía 2008;60:357-62.