

Matters of Judgement:

**Concepts of evidence among teachers of
medicine and public health**

Lucie Rychetnik

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AUTHOR'S CONTRIBUTION

I, Lucie Rychetnik, was primarily and principally responsible for the following: development of the research proposal and research questions; submission for a NHMRC scholarship for the study; selection of research methods; data collection; data management; data analysis; and interpretation and presentation of the findings.

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DEDICATION

To my brother, Jan.

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ABSTRACT

Introduction

The aim of this study was to examine how the term “evidence” was conceived and used among academics and practitioners who teach medicine and public health. The rationale for the study was the widespread debate in the 1990s about evidence in health care.

Methods

Qualitative data were collected between 1996 to 1999. The core data came from unstructured interviews with researchers and practitioners linked to the Faculty of Medicine, University of Sydney. Other sources of data were: participant observation of group interactions in the Faculty of Medicine and at national and international conferences about evidence in health care; discourse in health care literature; and Internet posting to an international “evidence-based health” Email discussion list.

The Grounded Theory method was adopted to analyse and interpret these data. The process involved systematic coding of the data to develop conceptual categories. These categories were employed to formulate propositions about the topic of evidence and how it was conceived and used by the study participants.

Results

Researchers and practitioners often discussed evidence from a “realist” view: that is they valued scientifically derived and rigorously substantiated knowledge about the natural world. Yet despite their widely shared epistemological perspectives, study participants presented several diverse concepts of evidence. Their ideas were also dynamic and evolving, and often influenced by the developing (local and international) debates and controversies about evidence-based medicine (EBM).

Grounded Theory analysis leads to the selection of a core “social process”. This is a core conceptual category that draws together the ideas observed in the data, and that is adopted to present the study findings. In this study, “judgement” was identified as the core social process to underpin all examined reflections and discussions about evidence.

Study participants defined the concept of evidence through a combination of description and appraisal. Evidence was described in three ways, i.e.: as a “measure of reality”, by its “functional role”, or as a “constructed product”. Evidence was also appraised on three “dimensions”, i.e.: “benchmarked”, “applied” and “social” dimensions of evidence. Participants invoked these concepts of evidence differently when forming their own judgements about medical or public health knowledge; when making decisions about clinical

practice; and when using argument and persuasion to influence the judgements of others.

Many researchers and practitioners also modified their judgements on evidence in the light of EBM. This was based on perceptions that EBM had become a dominant rhetoric within health care, which had the potential to channel the flow of resources. This led to an increasing consideration of the “social dimension” of evidence, and of the social construction and possible “misuse” of the term evidence.

Conclusions

The concept of evidence is presented in this study as a multi-dimensional construct. I have proposed that the three descriptions and three dimensions of evidence presented in this study, and recognition of the way these may be invoked when forming and influencing judgments, can be used as a basis for communicating about evidence in medicine and public health among colleagues and with students.

There are significant gaps in knowledge (based on empirical research) about the social dimension of evidence. Particularly, in situations where researchers and practitioners wish to employ the concept of evidence to influence others’ medical and public health practice and wider social policy.