



search for relief from the deficits caused by stroke highlights the need to continue research on how to avoid this devastating condition, minimize the damage when it does occur and improve the rehabilitation that we can offer to affected patients.

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Reference

1. National Institute of Neurological Disorders and Stroke rt-PA Stroke Study Group. Tissue plasminogen activator for acute ischemic stroke. *N Engl J Med* 1995;222:1581-7.

Legal reasoning?

I was interested and also very disappointed to see that the crown attorney in charge of Dr. Nancy Morrison's case, which was outlined in Nancy Robb's article "Death in a Halifax hospital: a murder case highlights a profession's divisions" (*CMAJ* 1997;157[6]:757-62), is now going to appeal the acquittal of our Halifax colleague. I also see that the Nova Scotia Crown will not prosecute the manager of the Westray mine, where 26 people were killed, possibly because of negligence, in 1992.

Legal minds follow reasoning that is not immediately obvious to a mere doctor!

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On evidence-based medicine

The proponents of evidence-based medicine assert that only by following their paradigm can the quality of medicine be improved and the art of medicine dragged into the

new Jerusalem of science. However, let us consider the witch doctor who rattles his staff and prescribes an infusion of eye of newt. Within his perception and experience, the procedure (the rattling of the staff) and the medicine (the infusion of newt eyes) are effective: this very consideration has governed all forms of physician-patient interaction throughout history, including the present wave of "evidence-based medicine." If this were not so, then he would not be a "doctor," witch or otherwise, but a charlatan.

The paradigm of evidence-based medicine now being proposed is nothing but the thinly disguised worship of statistical methods and techniques. The value and worth of nearly all medications of proven effectiveness were developed without the benefits of statistical tools, to wit, digitalis, colchicine, aspirin, penicillin, and so on. Statistical analyses only demonstrate levels of numeric association or, at best, impart a numeric dimension to the level of confidence — or lack thereof — that chance contributed to the shape and distribution of the data set under consideration. Statistical *association* cannot replace causal *relation* — which, in the final analysis, is the bedrock on which good medical practice must rest.

As it is currently preached, evidence-based medicine offers nothing new in terms of concepts, while it attempts to replace solid causality with the statistical manipulation of data.

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I am distressed by the current trend toward evidence-based medicine. I fear that this term, like any "novel" catchphrase — though is it really novel to expect results from treatment and proceed accordingly? — is

in danger of becoming meaningless.

I am further concerned about 2 possible distortions of a sensible idea. First, a term such as this can become a mantra, which is by definition a means of narrowing the mind to a single focus. Second, preoccupation with a single criterion for excellence can and will convert a binocular (even multiocular) approach to a monocular one.

Our great medical ancestor, Sir William Osler, warned that it is as important to know the person who harbours the disease as it is to know the disease that hampers the person. Trite? Obvious? I think not. Rather, this is advice too easily ignored in the pursuit of technical excellence.

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Evaluating unconventional therapies

The series "Unconventional therapies for cancer" (covering Es-siac, *CMAJ* 1998;158[7]:897-902; green tea, *CMAJ* 1998;158[8]:1033-5; Iscador, *CMAJ* 1998;158[9]:1157-9; hydrazine sulfate, *CMAJ* 1998;158[10]:1327-30; vitamins A, C and E, *CMAJ* 1998;158[11]:1483-8; and 714-X, *CMAJ* 1998;158[12]:1621-4), by Dr. Elizabeth Kaegi, on behalf of the Task Force on Alternative Therapies of the Canadian Breast Cancer Research Initiative, is the most useful thing you have published in the 21 years I have received your journal. Every patient with cancer is afraid — of the disease but also of the treatment. Patients are very resourceful at finding "alternative" therapies, usually in articles in the popular press that describe the therapy, guarantee success and do not mention cost. Their hopes buoyed by the tone and content of such articles, these people come to the primary care provider and want to know everything about