OCCASIONAL PAPER

Evidence-free medicine

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Because I have survived a fair number of after-dinner speeches given by myself and others, I am occasionally asked for advice on the matter. After pointing out how easily one is forgiven for being brief, I suggest that if you are hoping to interest other people, you must choose a topic that interests yourself. Quite often, matters of great pith and moment are mysteriously lacking, and then the best thing, avoiding second-hand stories, is to talk about recent experiences of your own, ie 'talk about yourself'. And that is what I am now going to do, in the context of a rather puzzling illness.

In September 2000 I went to a meeting in Cambridge to celebrate the fiftieth birthday of the Renal Association. Coincidentally, I had an attack of diarrhoea. Having worked on sprue with Paul Fourman in Poona during the war, my waning clinical skills, supplemented by the prepared mind, sufficed to recognise steatorrhoea, which has persisted since, though appreciably relieved by Pancreatin. Our excellent family doctor asked whether I would prefer to be looked after privately or by the NHS. Recognising that this might be a serious illness I had no difficulty in choosing the NHS. Referred to the gastroenterologist at the Royal Berkshire Hospital, I was found to have dilation of ducts in the pancreas, and further examinations there and at the Middlesex showed trouble in the head of the pancreas. I had an (accurate) prediction that I might soon become jaundiced; this was relieved by a stent in February 2001. In June of that year jaundice recurred, and was again relieved by stent replacement. In early July, we yielded to growing decrepitude, and moved to be with our son-in-law and daughter in Ironbridge.

At that point the puzzle began with the development of a syndrome which I have christened 'paradoxical well-being'. Some of this is no doubt 'in the mind', from the relief of the anxiety which I was beginning to feel from persisting relative isolation in the face of increasing actual and potential dependency. But there have been physical concomitants (to use one of those terms which doctors love). I am eating well and maintaining weight, though at a lower level – the paunch has gone. Jaundice has not as yet recurred, and I have not experienced anything which I would regard as pain. At the age of 89, I do not anticipate residual longevity; but I am enjoying bonuses like time to read, and most recently the ability to attend the Presidential Election, with the help of my son-in-law.

A bonus of a different kind is that my specialist care, both in Reading and at the Queen Elizabeth Hospital, Birmingham, has been in the hands of sons of medical men with whom I have enjoyed decades of friendship. To them and to their colleagues, my debt is without limit.

Where in all this does evidence-free medicine come in? The answer may come from three incidental observations in the course of the illness, which are certainly not evidential in the narrow sense, but could be straws in the wind.

Having had no liability to nosebleeding since childhood, in the spring of 2001 I had three episodes of copious nosebleeding, two needing cauterisation. Talking about other things with a colleague, I mentioned this nuisance, and he reminded me that vitamin K was fat-soluble and might get caught up in the malabsorption of fat. I have a prejudice against vitamin supplements, especially if they may not be absorbed (or might that be the best thing?) Instead, I stopped taking prophylactic aspirin, and have not had a nosebleed since.

At about the same time, I noticed a stiffness in the fingers. Illogically overcoming my reluctance to take vitamins, I tried a daily calcium and vitamin D tablet, again with possibly undeserved success.

My most dubious 'intervention' is taking Voltarol each morning, on the basis of a BMJ article suggesting that nonsteroidal anti-inflammatory drugs (NSAIDs) might allay inflammatory reaction round a growth[1]. I didn't leap to this right away; but a sharp attack of what might have been gout was successfully treated with Voltarol, and besides changing from beer to cider I have kept on with minimal Voltarol.

Before disclosing these experiences, I had to overcome a specific reservation, in addition to the obvious one, that I might be making a fool of myself. Now that the spread of information is limitless, there must be a risk of any item being both magnified and taken out of context. This must be a risk even for fully trained doctors, and a distinctly greater risk for those not so qualified. The practice of medicine is not simple, and it commonly involves 'trade-offs' between several risks: for example, by stopping aspirin I was accepting a somewhat increased risk of a heart attack; and NSAIDs can have side effects,

especially in the elderly. A balance of risks is not easily expressed in 'guidelines'. It is unlikely that guidelines will be produced for stopping aspirin to lessen the risk of nosebleeds; but if they were, they should begin with the advice 'wait until you are over 85'. Guidelines can of course be helpful in clear-cut situations; but these are a minority in actual practice, and patients who catch a notion from the Internet would be well advised to consult their family doctor before moving from theory to practice. More generally, our profession must be vigilant lest adherence to official guidelines should be made a test of competence to practise. Long study and experience are needed to interpret guidelines within the actual clinical situation, or to evaluate what may be a justified departure from them. If these are paternalist views, I am content to be called a paternalist – there are worse faults.

In mentioning these inconclusive matters, I may simply be illustrating the old adage that a doctor who treats himself is dealing with two fools. Six months ago, I would not have dared to mention them, in face of the *odium theologicum* of the evidence-based medicine lobby. But now there is a way out. It was said of Mussolini's Italy that anything which was not forbidden was compulsory. In similar fashion, what is clearly not evidence-based medicine as usually defined, can now enjoy the respectable cloak of 'narrative medicine'.

Reference

1 Borman PC, Beckingham IJ. Pancreatic tumours. *BMJ* 2001; **322**:721–723.

Sir Douglas Black died shortly after completing this article, following a long illness. He was a regular and valued contributor to this journal and will be greatly missed.