



Follow the evidence— but don't expect a straight path

Evidence-based medicine increasingly shapes our medical practice, and with good reason. While practice has always been evidence-based in areas where credible data existed, the push is now greater to gather evidence in the first place, and major public health problems have started to attract more evidence-gathering efforts.

But as evidence mounts, confusion may arise when an intervention produces effects that are multiple, small in magnitude, or variable between subpopulations. Even sophisticated statistical evaluations can't help when we are dealing with unrecognized factors that confound our attempts to make sense out of the data.

Nowhere has this been more the case than in our attempts to understand the effects of hormone replacement therapy (HRT) in postmenopausal women. The question is simple: "Should they get it or not?" The answer, it appears, is "It depends."

In this issue of the *Journal*, Drs. Thacker (page 670) and Johnson (page 682) chart two separate paths through the morass of seemingly conflicting data to lead us toward some conclusions about what "it depends" on. Dr. Thacker presents a case for a fairly broad continued role for HRT, while Dr. Johnson explains how she has revised her approach to HRT somewhat more aggressively. Still, their paths intersect at more than a few points along the way.

As we learn more about the human genome and how it affects patients' responses to medical interventions, the evidence we base our practices on will almost certainly take on new meanings, and we will have to respond to these changes. This requires diligence on our part, demonstrating more than ever that a cookbook approach to practice is certainly not where evidence-based medicine is leading us.

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