To the Editors:

In reply

I thank Dr SAS Goonewardena (Dr G) for his comments on our leading article (1).

Dr G has unfortunately not quoted accurately the relevant sentence from the article by Professor Sackett *et al.* The opening sentences of para 2 of their article reads "Evidence based medicine is the conscientious, explicit, and judicous use of current best evidence in making decisions about the care of patients. The practice of evidence based medicine means intergrating individual clinical expertise with the best available external evidence" (2). For reasons best known to him, Dr G appears to have omitted the word "current" to justify his argument.

The term "evidence based medicine" apparently was used by the McMaster Medical School in the 1980s (3). Various interpretations have been given to this term since then, and one such interpretation is quoted by Dr G A more recent article asserts that "The part of evidence based practice especially relevant to surgeons involves being able to convey accurately the risks of treatment to patients based on the best available information from the literature, **and one's own personal experience** (emphasis ours)" (4). The words "one's own personal experience" could be interpreted as audit on outcomes eg. mortality in one's personal series or prevalence of disease in one's practice.

We have used our own experience in clinical practice and used the current best evidence or available information from the literature ie. data from Asian studies. Difficulties in getting our studies in print on this subject is not for want of trying.

One of the objectives of a leading article (or editorial) is to express opinions. In medical journals it is also used to alert the medical community on current issues. We need not wait for more deaths to occur before initiating a policy of thrombopophylaxis in high risk patients.

"What is the high risk category these authors allude to?" asks Dr G. A more careful reading of our article would show that four risk category groups have been given. In the final part of our final leading article the sentence "It is also time for specialists in all disciplines to form a consensus group and to set down guidelines for routine use of thromboprophylaxis in high risk groups" is included. Obviously this meant that the high risk groups should be defined by the specialists for their respective disciplines. Dr G repeats what we have stated in our article. In the last paragraph of our article we have stated "The clinical diagnosis of DVT is inaccurate." The statistics quoted by Dr G have been taught to our medical students for nearly 20 years.

The study in 1986 from Peradeniya (reference 10 in our article) was statistically flawed due to small sample size. Two independent attempts by myself, a deputy director of the Colombo office of the International Atomic Energy Authority and a radiologist from the Department of Radiology, National Hospital of Sri Lanka, to get projects approved for an isotope study of postoperative DVT of a larger group of patients were turned down on the basis that the 1986 study was proof enough that DVT was uncommon in Sri Lanka. .

The practice of conducting post-mortems in patients dying in our hospitals is woefully inadequate. Diagnosis of pulmonary emboli from post-mortems is not easy (5). We need to encourge pathological post-mortems and to undertake studies to determine the incidence of fatal and non-fatal pulmonary emboli in this group.

We reiterate our stand that it is time to take notice of DVT in Sri Lanka. It is time to formulate and implement policies on thromboprophylaxis. It is also time to encourage research and publications on this subject.

References

1. Sheriffdeen AH, Wijeyaratne M. Deep vein thrombosis in Sri Lanka – time to take notice. *Ceylon Medical Journal* 2001; **1**: 3-5.
2. Sackett DL, Rosenberg WMC, Haynes RB, Richardson WS. Evidence based medicine: what it is and what it isn't. *British Medical Journal* 1996; **312**: 71-2.
3. Evidence Based Medicine Working Group: Evidence based medicine. *Journal of the American Medical Association* 1992; **268**: 2420-5.
4. Kreder HJ. Evidence based surgical practice: what is it and do we need it? *World Journal of Surgery* 1999; **23**: 1231-41.
5. Pryce DM, Ross CF, eds. Ross's post-mortem appearances. London: Oxford University Press, 1963:142-4.

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