

Patient Centered, Evidence-based Care

Patient centered care puts the patient first, before cost cutting by managed care, doctor's egos, or financial gain. Patient centered practice evaluates the individual patient's clinical state, predicament, and preferences, and applies the most efficacious interventions to maximize the quality and quantity of life for that person¹⁷. Chiropractic practice has traditionally been patient centered with anthropological and sociological studies providing evidence and seed material for a patient centered paradigm¹⁸⁻²⁰. Following evaluation of these studies combined with the philosophical first principles of chiropractic, a patient centered paradigm emerged.¹⁵ Subsequent to identification using qualitative methodology, a nominal panel comprised of chiropractic educators, researchers and practitioners validated a patient centered paradigm through a nominal consensus process. Based on this model the following characteristics of a patient centered paradigm were refined and agreed upon by the nominal consensus panel charged to assist in the development of the Oregon Practice Guidelines:

1. Recognition and facilitation of the innate organization and adaptation of the person;
2. Recognition that care should ideally focus on the total person;
3. Acknowledgment and respect for the patient's values, beliefs, expectations and health care needs;
4. Promotion of the patient's health through a preference for drugless, minimally invasive, and conservative care;
5. A proactive approach that encourages patients to take responsibility for their health;
6. The patient and patient centered practitioner act as partners in decision making, emphasizing clinically effective and economically appropriate care, based on various levels of evidence.

Evidence-based Care

Evidence-based practice has been defined as:

“the conscientious explicit, and judicious use of the current best evidence in making decisions about the care of individual patient's”¹⁷

Evidence-based practice means:

“integrating individual clinical expertise with the best available external evidence from systematic research”¹⁷.

Sackett emphasizes that “Good doctors use both individual clinical expertise, and the best available external evidence, and neither alone is enough. He notes that without clinical expertise, practice risks becoming tyrannized by evidence, because even excellent external evidence may be inapplicable or inappropriate for an individual patient. Without current best evidence, practice risks rapidly becoming out of date, also to the detriment of the patient. Evidence-based practice is not “cookbook practice.” It is also recognized that the best available evidence is not just limited to external evidence from randomized controlled trials but also involves the individual clinicians' expertise along with the

consensus of leading chiropractic clinicians and researchers based on varying degrees of patient-centered clinical research. A thorough literature review is crucial to successful evidence based practice¹⁷.

The Epistemology of Scientific Knowledge

Consideration of how we know what we know is based on a hierarchy of ways of knowing. This hierarchy gives us the degree of certainty that can be attributed to evidence.

1. Laws or Principles of Science

Theories that have been scientifically demonstrated and are now accepted as scientific fact based on a sequence of events occurring with unvarying uniformity under the same conditions. Laws and principles explain natural actions.

2. Theories of Science

A set of related ideas that have the potential to explain or predict human experience in an orderly fashion and that are based on data. Theories follow a hypothesis that has been investigated and is now in an advanced data gathering mode. Although there are many questions that still need to be answered, this category of scientific knowledge is frequently used clinically as if it were a demonstrated fact.

3. Hypothesis

Hypotheses are testable statements referred to as the working tools of science. A question or conjecture is presented and tested through observation and data gathering and processing.

4. Conjecture

An opinion of an expert person in a given field of science based on slight evidence.

Guidelines for Grading Evidence

The strength of both scientific and legal evidence is graded according to three levels. Standards of practice require higher levels of supporting evidence on which to judge competency. Due to resource limitations, evidence ratings in this document are limited to Standards. References following statements clearly indicate what evidence supports this document.

Scientific Evidence

The convention for grading scientific evidence is based on a hierarchy of levels that provide degrees of predictability.

Type I

Evidence provided by one or more well designed* randomized controlled clinical trial(s) (RCT) for therapeutic interventions or by one or more well designed descriptive studies that address sensitivity, specificity, and predictive value (for diagnostic procedures/devices).

Type II

Evidence provided by one or more well designed observational studies, such as a case control or cohort study, or a well designed prospective case series, or clinically relevant basic science studies that address sensitivity, specificity, and predictive value.

Type III

Evidence provided by studies not meeting the criteria of Type I or II, that may include expert opinion, field practitioner consensus, or other sources, as judged by an Expert Panel.

* For the purpose of this document, “well designed” refers to a study that has, at a minimum, relatively high internal validity (low systematic error) and sufficient precision for statistical significance (adequate study numbers)

Legal Evidence

Legal evidence is also based on a hierarchy of supporting evidence ranging from statutes which are mandatory to legal opinion that is discretionary.

Legal Type I

This administrative aspect of practice is mandated by ORS or OAR, or is found to be essential and is necessary (A standard of practice).

Legal Type II

This administrative aspect of practice is supported by uncontrolled studies and/or published legal opinion and is recommended, and in some cases mandatory. (Official AG opinion vs., “legal opinion” written in a legal peer review journal vs. “case law” opinion)

Legal Type III

This administrative aspect of practice is supported by a consensus of practitioners as determined by the Expert Panel or by expert legal opinion and is discretionary.