

Best Available Evidence: Overcoming Barriers and Building a Platform for Clarity and Closer Collaboration

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"What can be asserted without evidence can be dismissed without evidence."

Christopher Hitchens
1949–2011

The term "best available evidence" has become an "agreed language" between healthcare providers, as it lays the foundation for clinical reasoning and serves as a unifying force across various medical disciplines.^{1,2} Using the "best available evidence" to guide medical decision-making, can trace its roots to the emergence of evidence-based medicine (EBM) popularized in the 1990s by Gordon Guyatt and his colleagues at McMaster University.² EBM paved the way for a paradigm shift in medicine, emphasizing the need to make clinical decisions based on data from well-conducted research rather than relying solely on personal experience or anecdotal evidence.^{1,2}

"Best available evidence" is inherently tied to EBM where clinical decisions are informed by three key components: the best available clinical evidence, clinical expertise, and patient preferences. The integration of these components forms the foundation of clinical guidelines, practice protocols, and individualized treatment plans. In recent years, there has been a notable surge of super-specialized journals and publications that offer in-depth, expert-level analyses on best available evidence within specific medical disciplines. One such example is the comprehensive guideline on the management of coronary revascularization.^{1,3,4} While such articles are invaluable to specialists and experts within the field of cardiology, they are often overwhelming to the non-cardiologists. The sheer length of these manuscripts, sometimes spanning hundreds of pages, makes them uninviting to most clinicians from other specialties.^{3,4} Furthermore, the highly technical language and specialized focus make it difficult for newer trainees and non-specialists to extract meaningful insights that immediately guide their clinical decision.

The overwhelming volume and complexity of specialized research highlight the need for a publication that can assimilate this information into concise, digestible summaries that are accessible to both experts and non-experts alike. This is particularly crucial for healthcare professionals who may not have the time to sieve through extensive research papers and gather the most relevant findings. This journal consolidates and synthesizes the best available evidence across various specialties into shorter articles that are clear, concise, and relevant to a broad audience. The journal publishes research reports, reviews, expert analyses, and commentaries in a compact 2500 to 3000-word format (written by experts in their field) that would allow readers to quickly absorb key findings and understand their practical implications. By making these resources more inviting— to general practitioners, trainees, and clinicians from other disciplines who need access to high-quality, evidence-based content without wading through excessive detail—it would contribute to bridging the knowledge gap between different levels of expertise, thereby improving patient outcomes and fostering greater collaboration within the health system.

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We invite all researchers, clinicians, and healthcare professionals to submit their work to the Journal of the Best Available Evidence.⁵ We are particularly interested in original research and articles that distill complex evidence into accessible, concise formats that highlight key findings and practical applications across various specialties. This peer reviewed, open access journal seeks to be a platform where expert-level knowledge is made available to all, from specialists to non-specialists, ultimately advancing the practice of evidence-based healthcare across the globe.

Disclosure Statement

Carlos A. Mestres and Reida El Oakley are Co-Editors-in-Chief of the Journal of Best Available Evidence in Medicine. Adel Dyub is a member of the Editorial Board.

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