

Evidence-based freedom: first do no harm

It is an illusion to suppose that one can emerge as a united nation from a brutal dictatorship and proceed easily to something like democracy. As far as we are concerned freedom is alluring, like a beautiful woman one cannot resist. But others regard freedom as a threat that must be opposed at all costs.

Upitis in *The Dogs of Riga*
Henning Mankell

First published in 1992, this speech encapsulates so much of recent events as if the world has learnt nothing from history. In medicine we are challenged and required to do our utmost to follow the 'evidence base' in order to benefit, and minimise the risk of harm to, our patients. 'First do no harm' remains our Olympic gold medal. When errors occur, politicians and disciplinary personnel vocalise their displeasure, maximising their profiles in the written and visual media far too readily. But what is the evidence base they operate from and does anyone police it?

The war in Iraq had no evidence base at all. If we applied the medical criteria, certainly Tony Blair and George Bush would have been suspended and almost certainly 'struck off'. Yet Blair went on to make millions of pounds from this humanitarian disaster, whereas his medical equivalent would be scratching around to make an alternative living. The same failure to learn was employed over Afghanistan, yet no politician has been called to task even though young men and women have paid the price in both Iraq and Afghanistan.

The Arab Spring mirrors the quotation at the start of this editorial, with the last sentence especially explaining the prosecutions and torture of medical

personnel in Bahrain. They were practising a conscience 'evidence-based' medicine, but that threatened the politicians. The crossing of the line between medicine and politics is the encapsulation of the struggle in Syria. Assad, a qualified doctor who should 'do no harm', has metastasised into a non-evidence-based politician who has forgotten his medical principles.

Medically, we now have appraisals and revalidation, most of which was demanded by politicians with no evidence of effectiveness. In contrast, we have no checks on politicians other than reports (not action) from select committees – should not we who elect these people demand similar scrutiny and more evidence-based decision making? We know they are intelligent men and women, but sadly there is no correlation statistically between intelligence and common sense or 'doing the right thing'.

The majority of people just want the freedom to live in the freedom they choose. Too many people with too much power have forgotten who they serve and for some the freedom sought has led to them paying the ultimate price. Recite after me: 'First do no harm'.

Disclosures

None.

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First do no harm

Randomised-controlled trials in chronic kidney disease – a call to arms!

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Misery acquaints a man with strange bedfellows.
Trinculo, The Tempest by William Shakespeare

This year marks the tenth anniversary of the publication of the Kidney Dialysis Outcomes Quality Initia-

tive guidelines for chronic kidney disease (CKD) (1). These guidelines have been adopted internationally and have led to recognition of CKD as a worldwide public health problem. The guidelines define and stage CKD using glomerular filtration rate (GFR)