

## EDITOR'S CHOICE



## We need more humanity as well as better evidence

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The BMJ

Is it possible to improve health, improve care, and save money? You might consider this an impossible calculus from a baseline of austerity, but that is the challenge set for the NHS's 44 sustainability and transformation plans. The draft plans are already causing friction at a time when there is enough friction in the system already (doi:10.1136/bmj.i5898).

Take general practice, for example. New models of working promise an end to small practices, more integrated care, and the creation of practice networks and a multidisciplinary workforce. These seem sensible steps, but Martin Marshall and Denis Pereira Gray ask whether we properly understand the consequences (doi:10.1136/bmj.i5698). Health systems that focus on general practice deliver better outcomes at lower cost, but it is unclear whether the new models of care will produce similar benefits. "The jury is not just out on this question," say the authors, "it has not even been convened." The new models of care must be rigorously evaluated, otherwise general practice is making a leap into the dark.

While we demand more evidence for changes to health services, our obsession with evidence may lessen our humanity in a clinical consultation. "Reason does not hold a monopoly on

truth," argues Iona Heath (doi:10.1136/bmj.i5705). A rift exists between the evidence based medicine that guidelines ask us to deliver and the humanity that patients seek in clinical encounters. Clinicians aren't scientists, and each patient poses unique challenges that can't be boiled down to the outcome of a randomised controlled trial. To deliver more coherent and better balanced consultations, Heath demands a new approach, for clinicians to bridge the rift between evidence and humanity.

The limitations of evidence are neatly captured in a study by M Nagendran and colleagues that examines whether results from randomised trials with large effects are replicated in follow-up studies (doi:10.1136/bmj.i5432). Unless the effect size in the original trial is a relative risk  $\geq 20$ , the researchers find that the follow-up study may not show a significant effect.

The themes of evidence, humanity, and clinical practice are familiar to the General Medical Council, which has a controversial new chief executive to replace Niall Dickson, as Margaret McCartney describes (doi:10.1136/bmj.i5865). In an exit interview with *The BMJ* Dickson tells us that he understands that doctors are frustrated and angry with the GMC but fiercely defends its independence (doi:10.1136/bmj.i5905).