Author's response to reviews

**Title:** Caution required when relying on a colleague's advice; a comparison between professional advice and evidence from the literature

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Response to Reviewers Comments

1. Peer Wille-Jorgensen

No, the OPs were not instructed to look for evidence themselves. However, some of them did and were astonished to find results that were contrary to their expert's advice.

We looked for questions that could be answered with a straightforward yes or no to avoid the problem of having to judge the answers. In addition, decision making in practice finally comes down to a yes or no decision such as to pursue certain clues in the patient's history or not, to prescribe a certain medicine or not etc. Therefore, we feel that the black and white answers were not too far away from real practice. At least, in all the cases the decisions were of importance to both the occupational physician and the patient.

We felt that these arguments were already in the discussion section and we did not make any substantial changes.

2. Roberto Olivieri

Thank you for pointing at the typos. They are all corrected.

Unfortunately, we did not have details of the experts, because we wanted to information gathering by the occupational physician to be as natural as possible. This precluded asking extra information from the experts.

We added an extra table as table 1 with the personal characteristics of the occupational physicians involved and commented upon these in the discussion. There was indeed an overrepresentation of occupational physicians with doctor's titles. We argued that this probably has increased the 'evidence-basedness' of the answers.

3. Peter Westerholm

We added an extra table with the personal characteristics of the occupational physicians.

We would like to stress that the OPs were only mediators in this study, who were used to gather information from their usual expert sources. Even though the sample was slightly different from the average OP in the Netherlands, their professional advisers were not. We could compare the experts who they consulted with findings from our previous study among a representative sample of Dutch OPs. It turned out that the range of experts that they consulted was similar to the findings from that study. Therefore, we feel that the results have a general meaning, in spite of the small sample of OPs.

We added the words 'convenience sample' in the methods section. We stated more clearly the criteria that we used to ask them for participation.

We did not find a difference in percentage of correct answers of different categories of professional experts. However, here, the numbers are too small to make reliable inferences.
We would like to summarise the comments on our cases as: 'How much and how high quality evidence is needed to convince a reader or a practitioner of the results being valuable enough to be implemented in practice'.

Apparently this depends very much on prior believes and interests. For example, our case about St John's wort provokes usually strong reactions because most physicians are very reluctant to admit that this alternative herb could be effective in relieving the symptoms of depression. However, here we can present the highest evidence in the form of a Cochrane Review with dozens of RCTs included. In our opinion, this provides very strong evidence to decide for this case, where there is no need to argue with the patient about the effectiveness of the herb. The decision should be to continue St John's wort: equally effective and less side-effects in mild depression.

In practicing evidence-based medicine there will always be situations where there won't be RCTs. In our view this does not mean that the other evidence in the form of cohort studies or prognostic studies should be discarded. We would like to make best use of it. We did not find any arguments in the experts' opinions that counterbalanced the lower quality evidence from the literature. Therefore, we feel that there is no reason to believe that the evidence from the literature is of so low quality that experts' advice is the next best support for decision making. Moreover, as already stated in the discussion, there were no indications that results differed over the cases.

We felt that these arguments were already present in the discussion section and we did not change it.