
EDITORIAL

Nowadays, clinical practice guideline (CPG) is booming in Thailand. Some of the most important factors in CPG developing are classification of evidence levels and grading of recommendations. Evidence obtained from meta-analysis of randomized controlled trials (RCT) (Ia) or at least one RCT (Ib) were graded as A, while those from expert committee reports or opinions and/or clinical experience of respected authorities were graded as D. This classification and grading are worldwide accepted in modern medicine, including Thailand.

But I disagree with these concepts. In my opinion, evidence obtained from expert opinions should be graded as A. Firstly you should know that these concepts are derived from the western philosophy. They believed that people are similar. So they thought that if a person was managed by modern scientific and statistic methods and the fruitful results were achieved, they could generalize these results to other person. But according to the oriental philosophy each person is different from the others. So an effective treatment for one person may not be good for the others. RCT, the best recommended study, used more well-designed statistic and scientific methods than other studies. But many biases are hidden, such as:

- a) many studies, especially published in non-English languages (Chinese, Japanese), could not be searched from internet
- b) non-significantly different researches generally were unaccepted for publication
- c) statistics is a science that sometimes specialist can modify the results as required
- d) biases of some researchers from study design to result analysis may cause the preferred treatment to be better another treatment.
- e) differences in geography and race of the people may influent the study result.

Many experts, such as some professors, have seen and taken care of many patients for more than twenty or thirty years, though in the same disease but with different modality in each case. Therefore, I believed that even though the study design in their papers were not so good, but invaluable precious knowledges did hide in those papers.

Some oriental treatments were accepted by western physician, such as acupuncture, even though small amounts of RCT were published. And also, Thai ancient medicines were rehabilitated and much improved in the last ten years.

I would like to inform the readers that I do not oppose against all western medical sciences and technologies, but I persuade you to rethink and not suddenly believe in those knowledges as soon as they have been imported. I would appreciate all comments from dear colleagues.

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Editorial Board