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The hierarchy of EBM is hurting wound care

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The term Evidence Based Medicine (EBM) was first coined a little over three decades ago. This movement, once described as “Zombie science”, has evolved to the authoritative system of evaluation of health care interventions, based on the erroneous assumption that some hierarchy exists in the forms of research and types of evidence. In the United Kingdom and the Netherlands, this has led to a far-reaching rationalization of wound care interventions. As most forms of evidence are not admissible to be included in the retrospective analyses, over 90% of interventions tested in Cochrane Reviews are not effective according to their own standards of reporting and the mandatory utilization of the GRADE assessment of the included studies. In 2023 the UK National Institute of Health and Research (NIHR) discontinued its funding of the Cochrane Wounds Group because people at this institute have started to think differently about ‘the synthesis of evidence’. In the Netherlands, the sister organization of the NIHR, Zorginstituut Nederland (ZIN), is currently in the process of (re-)evaluating all health care interventions, contending that possibly more than half of all medical specialist interventions are lacking scientific back-up to justify their use in clinical practice. Some years ago, using this deeply flawed methodology, all antimicrobial dressings, based on silver, iodine and honey and even foam dressings were deemed to be ‘not proven effective’ and, hence, their use in clinical practice is discouraged.