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Kvalitet, förbättring och evidens

13:e nationella kvalitetsdagen för primärvården
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Kvalitetens retorik

“We understand quality to be something that we value, and therefore, **opposing it seems absurd** ... Yet ... the suggestion that it warrants no analysis or examination should be rejected. This is precisely **because** quality holds widespread rhetorical appeal.”

(Goldenberg 2012)



Evidens som antidot ...

- ... mot auktoriteter
 - “Blind tillit” (Straus et al 2010)
 - “As social animals, sharing the consensus view can be more important to our survival than being correct” (Mailoo 2015)
- ... mot överdriven optimism
 - Hälsokontroller minskade inte mortalitet (RR 0.99, 95% CI 0.95 till 1.03, n=182 880) eller morbiditet (Krogsbøll et al 2012)



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Evidensens problemområden

1. Överförbarhet
2. Värdeneutralitet
3. Sanning



Evidensens problemområden

1. Överförbarhet

- Lägre sensitivitet och specificitet i praktiken
 - t ex mammografi (Sickles et al 2002)
- Hårt selekterade populationer
 - oklar nytta/risk-kvot vid multisjuklighet (Bower 2011, Pogach at al 2007)
- Tiden räcker inte till
 - Implementering av US Preventive Task Forces rekommendationer skulle ta 7,4 timmar/dag (Yarnall et al 2003)

Evidensens problemområden

2. Värdeneutralitet

- Prydlig uppdelning av konsultationen
 - logisk
 - “Vad är felet?”
 - “Vad kan göras?”
 - etisk
 - “Vad bör göras (med patientens medgivande)?”
- Var finns patienten i processen? (Thorgaard & Jensen 2011)

Medikalisering 1: Att lida av en riskfaktor

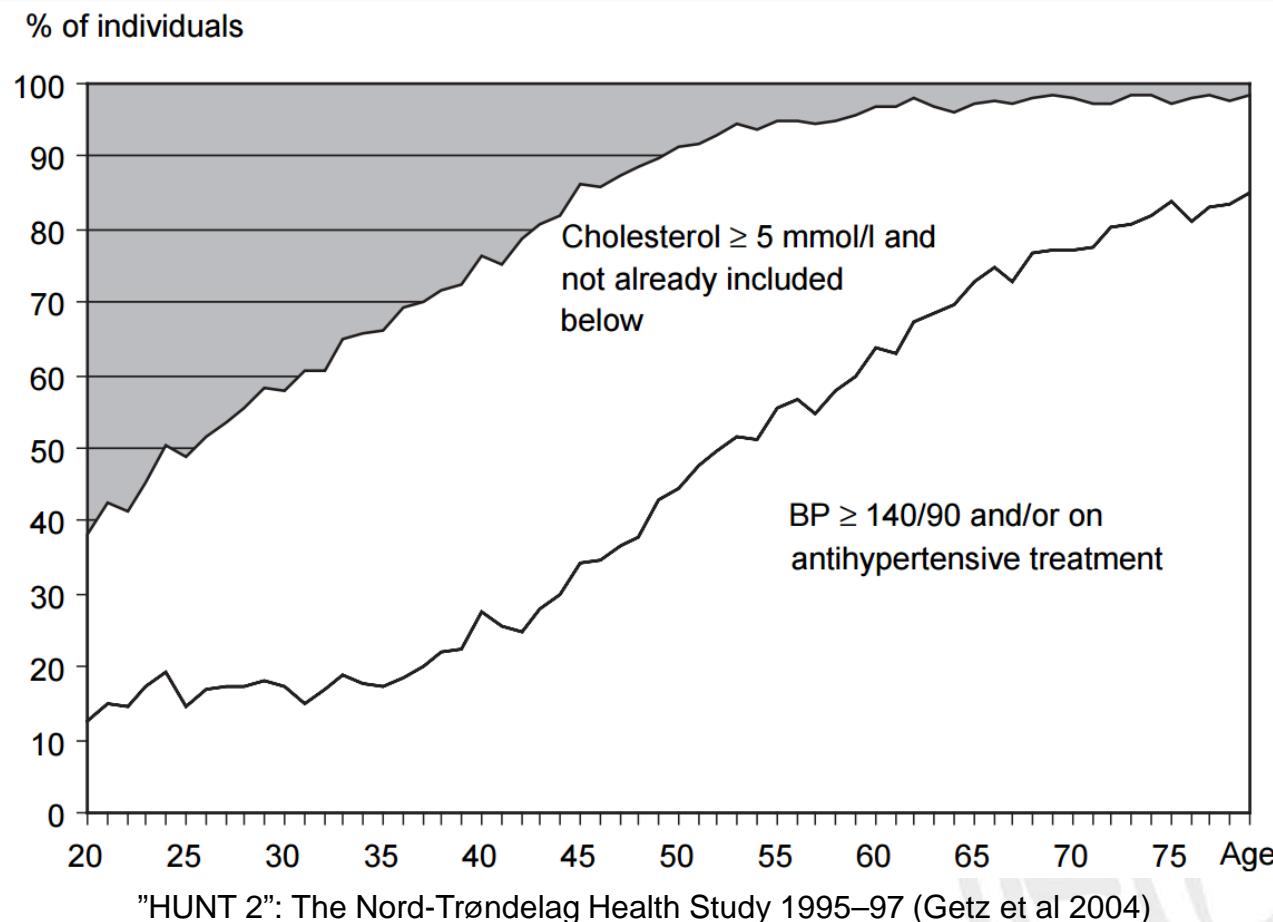
“I really must say that since I got osteoporosis, I’m very very cautious. I’m much more cautious than I’ve ever been. When I am walking now for example in such bad weather ... I walk very carefully, I must admit. And that I’ve never done before ... I’ve never been thinking ... I guess I’ve hurried too much, you see ... but luckily I’ve been spared ... so ... I dare not do that any longer (because of the risk).” (Reventlow et al 2001)

“in really great danger”

Medikalisering 2: Livsvärlden koloniseras

- Sorg eller depression? (Friedman 2012)
- Koloniseringen kan vara ett smärtsamt hot mot patientens identitet (Barry et al 2001)
- "Kometer har kärnor som i min liknelse motsvaras av sjukdomar. ... Kometernas svansar motsvaras ... av allt det lidande som fångas upp av kärnornas dragningskraft i jakt på den identitet och legitimitet som en lysande komet erbjuder." (Svenaeus 2013)

Medikalisering 3: Sjukdomen blir norm



Evidensens problemområden

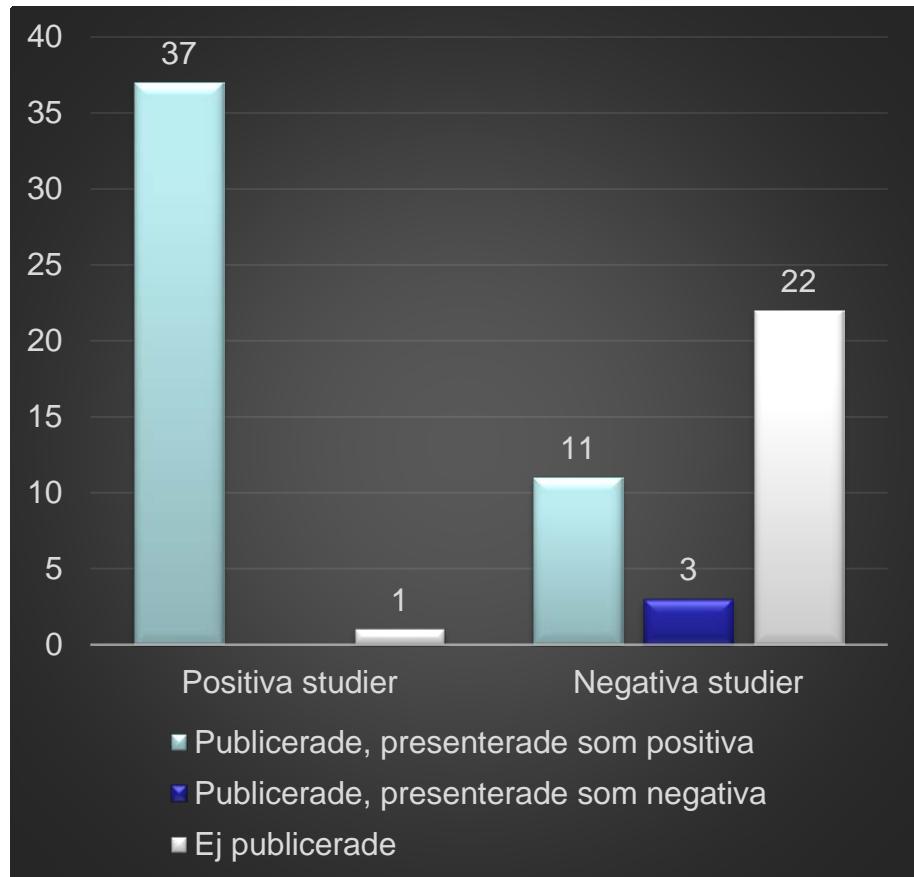
3. Sanning

- Forskningsfusk
 - Självskattning: 2% (Fanelli 2009)
- Snedvriden design
 - t ex Nexium 40 mg mot Omeprazol 20 mg (Edwards et al 2001)
- Datafiske
 - “Torture your data long enough and it will eventually confess”
 - t ex subgruppsanalyser (Counsell et al 1994)
- Publikationsbias

Publikationsbias

(Turner et al., New Engl. J. Med. 2008)

- Studier av antidepressiva ur FDA:s arkiv
- Fanns matchande publikationer?
- 12 preparat
- 74 studier
- 12 564 patienter



Riksrevisionen 2016

“SBU och Socialstyrelsen bör vidta ytterligare åtgärder för att reducera skevheten i de kunskapsunderlag de använder”

“A turn towards darkness”

- “It is simply no longer possible to believe much of the clinical research that is published, or to rely on the judgment of trusted physicians or authoritative medical guidelines. I take no pleasure in this conclusion, which I reached slowly and reluctantly over my two decades as an editor of The New England Journal of Medicine.” (Marcia Angell, 2009)
- “much of the scientific literature, perhaps half, may simply be untrue. ... science has taken a turn towards darkness. ... Our love of ‘significance’ pollutes the literature with many a statistical fairy-tale.” (Richard Horton, chefredaktör för The Lancet, 2015)

Take-home message

- Förutsätt inte att det du strävar efter är kvalitet!
- Lägg band på din optimism!
- Ta ansvar för konsekvenserna av ditt projekt!



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Tack!



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