

# Risks of UpToDate medicine

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Let me start by pointing out that I am not picking on the website UpToDate. Neither am I putting down the current generation. *The Washington Manual of Medical Therapeutics* and *Scientific American Medicine* have in years past been exemplars of practising medicine “by the book.”

An evidence-based approach is necessary but insufficient to validate what you read, because how you interpret the evidence is subjective. Which studies should be counted? Is a statistical difference clinically relevant? How rural is the study population?

The influence of funding should be considered, regardless of whether it comes from the profession itself or from pharmaceutical companies. It is not a coincidence that pharmaceutical representatives will offer medication samples and a laminated copy of the summary sheet of the latest guideline, but not necessarily a laminated copy of the authors’ declarations of conflict ... if even extant in the original.

Cultural values also have an influence. At my hospital, we send someone with chest pain home after 2 normal sets of electrocardiograms and troponin tests, taking a small but nonzero risk that they will infarct. Apparently, Americans do not, and most patients with chest pain are

admitted for stress testing and potentially angiograms (with a small but nonzero number needed to harm). Some Americans advocate for the HEART score, which would reduce the admission rate for chest pain by about a third.<sup>1</sup> In contrast, it is not clear that the Canadian health care system could handle the large volume of admissions and testing that would ensue if we were to adopt the score.

The same principle of applying the guideline to the right population applies to the rural–urban divide. In a large hospital with access to computed tomography (CT), the Canadian CT Head Rule will decrease rates of CT of the head with excellent outcomes.<sup>2</sup> If you are rural and at a distance from CT access, those scores will increase your transfer rates for CT, with unstudied results for your patients.

So, use the latest resources to get an opinion. But if it’s an important question, wisdom would dictate that you use several references, speak to your rural colleagues and then form your own opinion.

### REFERENCES

1. Backus BE, Six AJ, Kelder JC, et al. A prospective validation of the HEART score for chest pain patients at the emergency department. *Int J Cardiol* 2013;168:2153-8.
2. Stiell IG, Wells GA, Vandemheen K, et al. The Canadian CT Head Rule for patients with minor head injury. *Lancet* 2001;357:1391-6.