

Clarifying the Health Care Intervention Decision Tree

By Dr. Victor Jean Ouellette, DC, MS, DNM, RNP, Cert. Acup.

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Good concept.

We are going to update this concept to include two additional factors for chiropractors and one for other health care providers including medical doctors.

How does a clinician, no matter how well trained or poorly trained, come to decisions? The end decision is composed of a composite of three things, no make that five things for some and four things for others.

The Provider Decision

The Chiropractor

Decisions to intervene with a patient or client, (that means telling them to do something or doing something for them), are composed of five major component parts with different weights given to each component by any particular practitioner. The first item in the triangle is how all health care started ever since humans began treating each other for health issues. Medicine based evidence begins it all.

The Decision Triangle Modified

Medicine Based Evidence MBE Medicine	Evidence Based Medicine EBM Evidence	Best Professional Opinion BPO Opinion
Chiropractic Based Evidence CBE Chiropractic	Patient/Client Wishes PCW The Patient	

This decision triangle can be drawn as a bar graph showing the relative weights of each component in the decision. The patient wishes and chiropractic evidence portion, then modify the decision. The resulting application becomes what the patient desires, or at least should be.

Best Professional Opinion



Medicine Based Evidence



Evidence Based Medicine

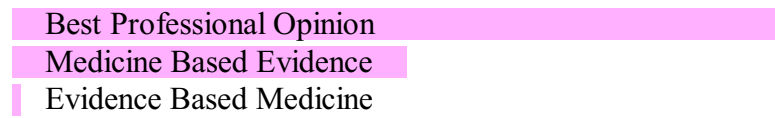


Understandably, health care professionals want to increase the evidence based medicine component. That's what our modern standards are all about. Every intervention would have its own bar graph triangle. The health care struggle is to lengthen the bottom bar and shorten the top bar. This becomes more safe from a professional health delivery point of view. Each health care profession makes claims that their approach is more scientific and uses lots of evidence-based

medicine. We don't wish to get involved with that kind of a discussion at this time as to who is best, or which profession is best. The current clinical consensus would show a picture like the above graph weighted heavily on best professional opinion, even for traditional medicine. There is just no getting around the fact that best professional opinion and medicine based evidence comprise the vast majority of interventions. Waiting until EVERYTHING is CONCLUSIVELY proven would eliminate most all of medicine and most other health care interventions as well. This is a well know concept and is not new here in this article.

The Intervention

The three branches of the intervention process resolve into an intervention decision. That decision is then delivered to the patient, client or agent in need. The patient/client then offers their wishes into the mix and that often modifies the final decision. A discussion goes back and forth where the professional gives their opinion and most patients heavily weigh that opinion. They do that because they think the clinician is functioning with mostly evidence- based concepts when that is usually not true. If there is no scientific evidence for an intervention then the bar graph is long on top and short on the bottom. This is the best that health care in our day and age can do.



The professional and the patient have a great influence in this scenario, and best professional opinion often capitulates to the patient's wishes component, especially where surgeries are concerned.

If there is no Science AND No Medicine Based Evidence, then we see a more purely 'opinion' oriented intervention that is often tainted by superstition, myth, or magic. This is rarely professional health care and that rarity is good for all.



The ideal is the following where professional opinion is hardly needed at all. This is more safe because it relies on evidence gained through science.



That chart above is very idealistic though. Even with lots of scientific evidence Best Professional Opinion sneaks in there to modify the decision. That is why we have such controversy with various people claiming the drug industry controls the medical profession. The first bar graph in

this article is what we have today in organised medicine as delivered in hospitals and private clinics. The claim by the western medical profession, is that they do a much better job because they use more evidence in their best professional opinion. That opinion is, of course, open for debate.

Acupuncture as practised by Traditional Chinese Medicine (TCM) practitioners has very little, if any evidence at all, in their theories on how acupuncture works or in their models. The Chinese concepts are all based on myth and magic and only recently have they embraced the concepts of evidence based medicine to explain their procedures, evidence that came from western science not the Traditional Chinese Medicine concepts themselves. They still teach this myth and magic in their schools today as a traditional principle and it loads the student, unfortunately, with a burden they do not deserve. It is clear that Western Contemporary Anatomical Neuro Functional acupuncture gets equal results using an anatomical functional model as opposed to the myth of meridians and the so called life energy called chi.

The argument that the education on the myth and magic is needed in western medicine anyway is not comforting. But, again, this argument becomes opinion, where some people defending their profession can get very emotional and loud in their claim that they are right and their way is the best. We are not here today to dissect that argument, but rather sow the seed that the professional intervention decision is a complex thing with several components to its make up and is not just purely evidence-based-medicine.

Alternative/complementary practitioners vary from the strict medical model. Various alternative/complementary professions vary in different ways. Ear candling for instance has no science at all behind it and falls into the category of superstition and culture similar to suspending a needle over a pregnant abdomen to tell what sex is inside the uterus.

Therapeutic decisions are best with a strong element of evidence-based-medicine, but alas the problem we are left with is that the vast majority of medical health care interventions do not have a strong scientific backing. We, as the community, are left with best professional opinion in the end. The chiropractors do their thing with their spinal manipulation therapy using their specialized chiropractic skills as the evidence based discussions rage on in the health care professional fields.

Dr. Ouellette graduated in 1973 from the Canadian Memorial Chiropractic College.

Dr. Ouellette is a Certified member of the **Royal College of Chiropractic Sports Sciences (Canada)**, and a member of the **Acupuncture Council of Ontario**, the **Ontario Chiropractic Association**, the **Canadian Chiropractic Association**, the **College of Chiropractors of Ontario**, and the **Board of Natural Medicine Doctors & Practitioners - North America**.