

Russian Society of Evidence Based Medicine: 15 years of education

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Background

15 years ago a group of physicians and educators from Moscow and S. Petersburg created and in 2003 formally registered the Society of Specialists in Evidence Based Medicine (OSDM in Russian, osdm.org). There was an intention for the first time in this country – to connect specialists with different educational backgrounds with the aim to develop the EBM and evidence-based public health in Russia.

Aims

To describe the experience and outcomes of the 15 years of activity and to foresee the perspective

Methods

Review of personal collections

Results

During first years, OSDM coordinated its activities with the Russian branch of the Nordic Cochrane Centre. These were years when not only we, but the world EBM movement believed that there are plenty of evidence, they just have to be evaluated and summarized.

OSDM is represented by branches in the regions of Russia. From the beginning the society enjoyed the cooperation with and influence in the post-Soviet space. In addition to publication of educational materials and provision of educational courses, society had succeed in many important developments of the Russian science, medical practice and public health innovations. To name the major ones:

Society lobbied for the open publication of dissertations, and the Government regulation had been changed. Build on the open access to dissertations, a new project - DISSERNET.RU was created by Russian scientists. As a result, thousands of plagiarists were exposed, hundreds were stripped off the degrees.

Society promoted the development of the evidence-based guidelines, provided trainings, drafted guidelines for developers. Nowadays, health care quality assurance system is under transformation, based on the EB-clinical guidelines.

Teaching basics of clinical epidemiology and/or EBM is accepted in almost all medical schools in Russia. Unfortunately, not everywhere.

Designs of medical and public health research was improved, as well as the use of statistical methods: indirectly the education of physicians in the critical reading has led to the improvement of the researchers' training and the quality of research; paradoxically good research are sometimes called 'research with methods of EBM'.

Critical reading lessons, teaching editors, teaching journalists, and promotion of publication standards in Russia as elsewhere coincided with research evaluation exercises based on citation.

Russian Government encouraged university and scientists to publish in quality journals, rising of the journal standards and critical evaluation of the publication practices.

Limits

Unfortunately, Russian practices in the field of education of medical doctors and improving the research standards did not hit the targets we set for ourselves. The quality of clinical guidelines is relatively low. The teaching of epidemiology in most medical schools is old-fashion infection diseases only. Most medical journals do not employ best publication practices yet.

The Society is still struggling with the enormous heterogeneity of the medical profession. The significant share of doctors under the influence of the old school continue to believe in the 'art of medicine' interpreted as a 'fine art'. This means that they believe in the legacy of the 'school', proud of continuing the line of 'Moscow School' or "Saint Petersburg School" without any specific meaning. These doctors tend to believe that explicit use of the scientific evidence limits their freedom of practice. Paradoxically these doctors are ready to accept the arguments from the industry or government.

Medical research are not reasonably funded in Russia. As a result the research output visible in the medical journals is of low methodological quality. Widespread plagiarism and acceptance of the low quality research in publications and dissertations create the toxic atmosphere of the cynicism, undermining the progression to the evidence based health care.

See also: Vlassov V.V. Russian medicine: trying to catch up on scientific evidence and human values. The Lancet 2017 Sep 30;390(10102):1619-1620