# 'Confusion over 'good medical evidence'

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**WHAT** makes a good medical prediction?

While there has been a huge emphasis on getting "good evidence" for medical treatments, as well as evidence for what is good or bad for you, Alex Broadbent, associate professor of philosophy at the University of Johannesburg, said these claims remained largely confusing.

Broadbent, the author of *Philosophy of Epidemiology,* said yesterday that hunting for the causes of diseases was not the same thing as explaining and predicting diseases.

Epidemiology is the science
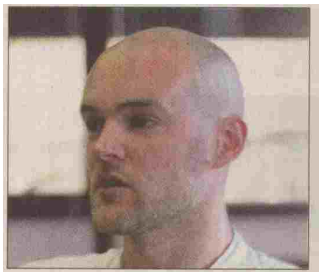


QUESTIONING: Professor Alex Broadbent PICTURE: DUMISANI DUBE

that studies the way diseases are distributed and caused in human populations; the study of philosophical questions that come up when looking into the science of epidemiology.

"Obtaining and publishing the 'best evidence' for a claim is not enough – epidemiologist must also assess whether the claim is stable or not," Broadbent said.

He added that while one would find great epidemiological discoveries, such as scientists finding that smoking caused cancer and sedentary lifestyles caused heart diseases, there equally were cases that weren't so clear, such as whether breastfeeding does indeed improve the long-term health of a child.

"I argue that epidemiologists should think more explicitly about how stable a result is, and ask whether, according to our best current scientific knowledge, that finding is

likely to be overturned.

"Technical methods are not enough; it is always necessary to consider ways you might be wrong and explain why you're probably not wrong in these ways."

So how does one discern between good and bad predictions in terms of health science?

"The responsibility lies on scientists and the people consuming the information. You can develop a critical attitude as the consumer and ask yourself 'how could this be wrong?'. 'Is there any study to corroborate or dispute the evidence?'.

"It is easier to make a reasonable estimation on your own than you think."