Iain Chalmers: Guilty, obsessive, and frustrated

In the latest in its series asking the movers and shakers of the medical world about work, life, and less serious matters, the *BMJ* spoke to a pioneer of evidence based medicine.
EFFECTIVENESS
AND EFFICIENCY

RANDOM REFLECTIONS ON
HEALTH SERVICES

A.L. Cochrane
CBE, FRCP
Director
MRC Epidemiology Unit
Cardiff

THE NUFFIELD
PROVINCIAL HOSPITALS TRUST
1972
"It is surely a great criticism of our profession that we have not organised a critical summary, by specialty or subspecialty, adapted periodically, of all relevant randomised controlled trials"

Archie Cochrane, 1979
Together with about 100 colleagues, Iain Chalmers embarked on a search for published and unpublished randomized trials to prepare systematic reviews, published in 1989 in a book and an electronic publication.
In 1992 Michael Peckham, first director of NHS R&D programme, funded the “Cochrane Centre”, “to facilitate the preparation and maintenance of systematic reviews of randomized controlled trials of healthcare interventions”
The Cochrane Collaboration: Preparing, Maintaining, and Disseminating Systematic Reviews of the Effects of Health Care

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ANNALS NEW YORK ACADEMY OF SCIENCES
DECEMBER 1993
FOREWORD BY

Sir Iain Chalmers

In 1972, when Archie Cochrane published his seminal work, *Effectiveness and Efficiency: Random Reflections on Health Services,* he asked a vital question: how can we have rational health services if we don’t know which of the things being done are useful and which are useless or possibly even harmful?
The Cochrane Collaboration celebrates 20 years

Iain Chalmers poses in his office with 149 portraits of colleagues, mentors, family and others who influenced him. The portrait speaks to the collaborative spirit of Cochrane.
The James Lind Alliance: patients and clinicians should jointly identify their priorities for clinical trials

*Nick Partridge, John Scadding

www.thelancet.com Vol 364 November 27, 2004
The James Lind Alliance

The James Lind Alliance (JLA) is a non-profit making initiative established in 2004. It brings patients, carers and clinicians together in Priority Setting Partnerships (PSPs) to identify and prioritise the Top 10 uncertainties, or unanswered questions, about the effects of treatments.

The aim of this is to make sure that health research funders are aware of the issues that matter most to patients and clinicians.

What's new....

This October 2016 report presents the wide range of themes and experiences that patients, carers and clinicians cared about when responding to the initial survey from the Palliative and end of life care PSP.

Mailing list

Sign up to our newsletter and stay up to date on the latest news from the JLA.

JLA on Twitter

The PSPs

Top 10s

The JLA Guidebook

Iain Chalmers, Patricia Atkinson, Mark Fenton, Lester Firkins, Sally Crowe and Katherine Cowan

James Lind Initiative, Oxford OX2 7LG, UK

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TESTING TREATMENTS
BETTER RESEARCH FOR BETTER HEALTHCARE

Imogen Evans, Hazel Thornton & Iain Chalmers

Foreword by Ben Goldacre — author of Bad Science
Key Concepts for critical thinking about treatment claims

1. Claims: are they justified?
2. Comparisons: are they fair and reliable?
3. Choices: making informed choices

Confusing claims about the effects of treatments - from drugs to diets - are everywhere. People need to know how to assess these claims to inform their treatment choices.

The Critical thinking and Appraisal Resource Library (CARL) has been created for teachers (of children, young people and adults), communicators, advisors, and researchers, who wish to help people assess treatment claims.

Key Concepts for assessing treatment claims provide the foundation for organising the resources in CARL. Select a Key Concept to display explanatory and illustrative resources.
Benvenuto su Dove sono le prove?

Come si può sapere se una cura è migliore di un'altra o se le prove dei rischi e dei benefici di un trattamento sono attendibili?

La ricerca attuale si occupa di ciò che vorresti sapere? Se la risposta è no, cosa potresti fare per rendere la ricerca sui trattamenti più vicina alle tue esigenze?

Dove sono le prove?, il sito italiano di Testing Treatments interactive (TTI), si rivolge ai pazienti, agli operatori sanitari e a chiunque sia interessato a queste domande.

Ti aiuterà a capire l'importanza di avere delle sperimentazioni ben fatte sugli effetti dei trattamenti e come puoi contribuire a fare in modo che si realizzino.
ILLUSTRATIVE TIMELINE

Hippocrates (5th century BCE)

al-Razi (10th century CE; 4th century AH)

Ibn Sīnā (c.1012 CE; c.402 AH)

Bacon, Roger (1266)

Petrorca F (14th century)
The James Lind Library
Illustrating the development of fair tests of treatments in health care

BROWSE THE LIBRARY

FAIR TESTS

Despite acting with the best of intentions, health professionals have sometimes done more harm than good to the patients who have looked to them for help. Some of this suffering can be reduced by ensuring that fair tests are done to address uncertainties about the effects of treatments.

Sub-topics:
- The need to address treatment uncertainties
- Treatment comparisons are essential
- Treatment comparisons must be fair

BIASES

Biases in tests of treatments are those influences and factors that can lead to conclusions about treatment effects that are systematically different from the truth.

Sub-topics:
- Design bias
- Allocation bias
- Co-intervention bias
- Observer bias
- Analysis bias
- Biases in judging unanticipated possible effects
- Reporting bias
- Biases in systematic reviews
- Researcher/sponsor bias and fraud

THE PLAY OF CHANCE

When treatments are compared, any differences in outcome events may simply reflect the play of chance.

Increasing the number of events studied in research reduces the likelihood of being misled in this way.

Sub-topics:
- Recording and interpreting numbers
- Quantifying uncertainty
- Using meta-analysis

SERVING PATIENTS

The interests of patients can be served by: improving reports of research, preparing and updating systematic reviews of reliable studies, and using these to inform decisions about treatment.

Sub-topics:
- Improving reports of research
- Preparing and maintaining systematic reviews
- Using the results of systematic reviews
Avoidable waste in the production and reporting of research evidence

Iain Chalmers, Paul Glasziou

Figure: Stages of waste in the production and reporting of research evidence relevant to clinicians and patients
Profile
Iain Chalmers: maverick master of medical evidence


“I sit somewhere in the interstices between academia and the health service”
Lifetime Achievement Award 2014: Sir Iain Chalmers

This award is given to a doctor who has made an outstanding contribution to improving health or healthcare in the UK

Nigel Hawkes freelance journalist, London, UK
OBSERVATIONS

BMJ CONFIDENTIAL

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In the latest in its series asking the movers and shakers of the medical world about work, life, and less serious matters, the BMJ spoke to a pioneer of evidence based medicine
What is your guiltiest pleasure?
Eating more than I should.

Where does alcohol fit into your life?
Champagne deserves its special reputation, but I wouldn’t find it difficult to live without alcohol.

What is your most treasured possession?
Happiness, most of the time.

Where are or were you happiest?
In Oxford, at home and at work.

What personal ambition do you still have?
To witness the further development of effective, trustworthy, easy to use, up to date information systems that help patients and clinicians make evidence informed decisions about healthcare and to participate in controlled trials that answer important uncertainties.
Yes Sir, no Sir, not much difference Sir

Mike Clarke    Lorcan Clarke    Thomas Clarke
Alessandro Liberati: un ricordo personale

Alessandro Liberati: a personal appreciation

Iain Chalmers