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A qualitative study on how mindlines develop and their link with clinical guidelines

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In 1739 David Hume famously stated the problem of induction: it is impossible to predict the future. This issue remains unsolved until this day. Contemporary philosopher Ian Hacking argues that we only have 'evasions' of the induction problem and that frequency type reasoning - the dominant type of reasoning underlying RCTs - is just one of many ways to do so.

While we may have taken frequency reasoning in EBM for granted, multi-morbidity, over-diagnosis and person centred medicine prove to be challenging. In order to cope with this, the Guideline International Network (G-I-N, a collaboration of NICE and other guideline developing institutions) started to explore how to appraise and include other types of knowledge. Many more types of reasoning appear to occur during guideline development processes. These could be important as they may help to develop guidelines when there is no clear frequency of events, for instance in rare diseases, complex interventions in social care or prediction in the single case scenario of a patient in everyday practice.

A better understanding of the epistemological assumptions that underlie medical knowledge creation is urgently needed. Using a more advanced perspective on knowledge in the form of Gabbay and Le May's mindlines (collectively shared, largely tacit knowledge influenced by past personal experience and interaction with others) and Lonergan's interpretation model (observation, interpretation, judgment and deliberation), we set up an international research study at the Universities of Oxford and Oslo.

The study combines ethnographies of guideline panels (e.g. at NICE) and large online fora (such as Facebook for GPs), with seminars using a meta-narrative setup. We want to explore what it is that EBM tries to accomplish, how to increase our knowledge base as efficiently as possible and how to improve our inductive inferences to benefit healthcare for patients when there is no frequency of events.