# The misuse of Evidence Based Medicine as a driver of Overdiagnosis
## Tuesday 23rd November 2021

**Abstract**

Ideally, "evidence-based medicine" (EBM) results in the best care for individuals by integrating the best available evidence, clinical expertise and patients' values and preferences.  Unfortunately, EBM can be misused and lead to harm when evidence is mischaracterized, distorted, exaggerated or overextrapolated. The goal of this workshop is to focus specifically on three ways in which EBM can be misused and cause harm by driving overdiagnosis: (1) Overdetection (e.g., screening tests finding lesions never destined to cause harm), (2) disease mongering (e.g., creating new diagnoses by medicalizing ordinary life experiences), and (3) expanding existing diagnoses by lowering thresholds or widening criteria without evidence of improved outcomes.

**Format**

Workshop participants will share examples of each type of misuse and discuss possible solutions. An emphasis of the discussions should be on the questions: How is the EBM label misused as a driver of overdiagnosis in these examples? Can EBM as originally designed help us reduce overdiagnosis? If so, how? Groups will work in three parallel breakout rooms looking for more examples of these drivers and discussion of them: Each group will be given a category of overdiagnosis: overdetection, disease mongering, expanding diagnoses.
The following activities and goals are planned:
1. Discuss other similar examples of overdiagnosis (within the category).
2. Identify the misuse of EBM that drives overdiagnosis in each example and explore potential solutions

**Agenda:**

- Short introduction to the topic and why it was raised
- Presentation of an example for each of the three main drivers of overdiagnosis
- Presentations of breakout group results in the plenum
- Joint discussion
- Summary

**Learning objectives:**

By the end of this session attendees will have:

1. Recognize  the three ways in which EBM can be misused and cause harm
2. Have found and discussed as a group more examples for these three categories
3. Identified the misuse of EBM that drives overdiagnosis in each example
4. Explored potential solutions

**Facilitators:**

- Thomas Kuehlein, University Hospital Erlangen, Germany
- John Brodersen, Department of Public Health, University of Copenhagen, Denmark
- Steven Woloshin, Dartmouth Geisel School of Medicine, USA
- Guylène Theriault, Canadian Task Force of Preventive Health Care
- Julian Treadwell, Nuffield Department of Primary Care Health sciences, University of Oxford, UK
- David Klemperer, University Hospital Erlangen, Germany
- Corinna Schaefer, German Agency for Quality Assurance in Medicine, Germany
- Barry Kramer, National Cancer Institute, USA