

Sir,

There is no doubt about the solid trail of evidence involving genomic technology that has been so successful in tracking the recent severe acute respiratory syndrome (SARS) quickly, as contended in the recent SARS resource of *The Bulletin* from the College. The question, nonetheless, is whether we should always act only according to the solid evidence and wait until such evidence is made available in the peer-reviewed literature.

The dogma on which evidence-based medicine functions is that before accepting or refuting any hypothesis, the best evidence that has been published to date should be available to enable policymaking.<sup>1</sup> Anecdotal reports, such as birds dying in New York (heralding the discovery of West Nile viral outbreak) from early-to-mid August in 1999,<sup>2</sup> or mysterious respiratory diseases throughout East Asian nations for nearly one month (before the first announcement of SARS by the World Health Organization),<sup>3</sup> would thus be rather low down in the hierarchy of what one may call best solid evidence. In such cases, it may be reckoned as a justification for adopting the 'wait-and-see' policy rather than the pro-active approach, until more solid evidence has appeared.

The lesson is clear. The 'holy grail' of evidence-based medicine might therefore **not** apply in certain situations. After all, as Sir William Osler stated, 'Medicine is a science of uncertainty and an art of probability.' Instead of waiting every time for the solid evidence to accumulate from our astute scientists pursuing meticulous investigations, even in this era of evidence-based medicine, should we not be prepared to err on the side of caution on the earliest hint of any outbreak or bioterrorism?

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## REFERENCES

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- 2 Fine A, Layton M. Lessons from the West Nile viral encephalitis outbreak in New York city, 1999: implications for bioterrorism preparedness. *Clin Infect Dis* 2001; **32**:277–82.
- 3 Anonymous. Solid response to SARS – almost. *Nat Med* 2003; **9**:479.