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Article in *The Lancet* · August 2017

DOI: 10.1016/S0140-6736(17)32041-X

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Evidence-based health care in the occupied Palestinian territory: findings from a conference-based preparatory workshop

Khamis Elessi, Omar Ferwana, Fadel Naim

Abstract

Background The principles of evidence-based health-care (EBHC) are not widely appreciated in the occupied Palestinian territory. During the past 5 years, interest in EBHC in Gaza has been generated through a series of lectures and workshops run by the EBHC Unit in Gaza. To further promulgate the principles of EBHC in the occupied Palestinian territory and to raise awareness of differences between local practice and best evidence, a 2 day conference was organised in October 2013. In this study our objectives were to promote the principles of EBHC and to improve clinical practice in 15 specific areas of clinical practice.

Methods Five subcommittees were established 6 months before the conference that addressed general surgery, medicine, paediatrics, obstetrics, and orthopaedics and neurosurgery. Each subcommittee comprised a senior and a junior specialist and was given 5 months to identify the three most common medical and surgical conditions reported in their areas of specialty, to survey the actual and present practice in the management of these conditions in the most senior and heads of major hospitals, to search for the best available evidence relevant to management of these conditions using the latest evidence-based resources, and to prepare presentations comparing present practice with best evidence practice. A preparatory workshop was held for members of subcommittees to train them on how to search for strategies with best evidence.

Findings About 500 physicians and health workers attended all sessions of this EBHC conference. All subcommittees adhered to the timetable and presented their final findings. Only five of 15 (25%) of reviewed local practice themes (ie, acute bronchiolitis, mechanical bowel preparation, endoscopic retrograde cholangiopancreatography procedures, and management of traumatic brain injury and emergency department and premature rupture of membranes) were consistent with best evidence. For the remaining ten local practices (of meningitis, steroid therapy for spinal cord injuries, gastroenteritis, upper gastrointestinal bleeding, osteoarthritis, post-partum haemorrhage, obstructed labour, sepsis, hernia repair, and deep-vein thrombosis) the review showed that most local practices (75%) were not in line with best available evidence.

Interpretation The conference was able to raise awareness of EBHC among about 500 physicians and health workers. The conference also showed gaps between practice in Gaza and best evidence in most of the themes selected. The conference succeeded in showing attendees how local practice could be improved by applying best available and reliable evidence.

Funding None.

Contributors

KE trained subcommittees members on EBM, wrote up and revised the Abstract. OF reviewed and revised the Abstract. FN reviewed and revised the Abstract

Declaration of interests

We declare no competing interests.

Acknowledgments

We thank Sir Iain Chalmers, Carl Heneghan, and Matthew Thompson for their continued support, guidance, and participation in the conference Abstract.

Published Online

August 1, 2017

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