

Standpunkte, Perspektiven, off label use

„Medizin ist eine **Erfahrungswissenschaft**, die sich sehr erfolgreich der Erkenntnisse anderer Wissenschaften bedient. Medizin ist **keine Naturwissenschaft**.“

” **The Physician’s behavioral goals:**

AS A MEMBER OF THE MEDICAL PROFESSION:

I SOLEMNLY PLEDGE to dedicate my life to the service of humanity;
THE HEALTH AND WELL-BEING OF MY PATIENT will be my first consideration;
I WILL RESPECT the autonomy and dignity of my patient;
I WILL MAINTAIN the utmost respect for human life;
I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;
I WILL RESPECT the secrets that are confided in me, even after the patient has died;
I WILL PRACTISE my profession with conscience and dignity and in accordance with good medical practice;
I WILL FOSTER the honour and noble traditions of the medical profession;
I WILL GIVE to my teachers, colleagues, and students the respect and gratitude that is their due;
I WILL SHARE my medical knowledge for the benefit of the patient and the advancement of healthcare;
I WILL ATTEND TO my own health, well-being, and abilities in order to provide care of the highest standard; *In this context, I will not tolerate any humiliation or disrespect of my person by patients, supervisors or government agencies and others.*
I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;
I MAKE THESE PROMISES solemnly, freely, and upon my honour.”

Source of Literature, Quoted in: (Oct. 2017) World Medical Association (WMA) Declaration of Geneva

<https://www.wma.net/policies-post/wma-declaration-of-geneva/>

[Additions in oblique letters by Dr. Huismans]

“Zu jeder Regel [aber] gehört ein Handlungsspielraum, der seinerseits durch keine Regel mehr determiniert ist. Somit ist es trotz aller zu beobachtenden Versuche letztlich unmöglich, sich der persönlichen Verantwortung zu entziehen.

On the other side for every rule, there is a room for maneuver, which, in turn, is no longer determined by any rule. Thus, despite all the attempts to be observed, it is ultimately impossible to escape personal responsibility. ”

Quelle: Ulrich G (1997) Biomedizin. Die folgenschweren Wandlungen des Biologiebegriffs. Schattauer, Stuttgart, New York

Hoppe JD (2005) **Statt Programm – Medizin: mehr Vertrauen in die ärztliche Urteilskraft.**

Deutsches Ärzteblatt Jg. 102(14), Heft 14, 8.

<http://www.aerzteblatt.de/archiv/46174/Statt-Programm-Medizin-Mehr-Vertrauen-in-die-aerztliche-Urteilskraft>

Raabe-Meyer G, Kayser C, Bauersfeld W (2010) **Medicine and natural science – time for a change in paradigm. Medizin und Naturwissenschaften – Zeit für einen Paradigmenwechsel.**

http://www.bnld.de/dateien-2010/CL_910%20Medizin%20und%20Naturwissenschaften.pdf

Azria È (2012) **The Human Element vs. the Standardization of Medical Care.**
http://www.booksandideas.net/IMG/pdf/20140605_the_human_element_vs._the_standardization_of_medical_care.pdf

(2015) **Appell an die medizinischen Fachgesellschaften in Deutschland zum Umgang mit Interessenkonflikten.** <http://www.neurologyfirst.de/appell/>

vfa-Positionspapier: Zulassungsüberschreitender Einsatz von Medikamenten bei schweren Erkrankungen. http://www.vfa.de/de/download-manager/_pos-off-label-use.pdf

➔ **Off Label use** <http://www.kabilahsystems.de/off-labeluse.pdf>

➔ **Patienteninformation und Einwilligungserklärung, patient Information and Informed Consent** www.kabilahsystems.de/einwilligungserklaerung.pdf

Outcomes research, Ergebnisforschung

Interessenkonflikte ausbalancieren

„Interessenkonflikte werden immer auftreten. Sie lassen sich niemals vollständig vermeiden, können aber sehr wohl kontrolliert werden, wenn alle Akteure des Systems ihre Interessen darlegen können und ein faires Gremium einen ausbalancierten Interessenkonflikt herstellt.“
Porzsolt F. (2013) Dt. Ärzteblatt 10(16), 286

Outcomes research = Ergebnisforschung = Erfolgsbewertung einer Methode oder eines Medikaments = die systematische Analyse von gesundheitsbezogenen Handlungsweisen..

“Outcomes research is applied clinical and population based research that seeks to study and optimize the end results of healthcare in terms of **benefits to the patient and society.**”

http://en.wikipedia.org/wiki/Outcomes_research <http://ebm.iamanetwork.com/>
<http://www.xerlebnishaft.de/evidencebasedmedbdh.pdf>

HEALTH OUTCOMES RESEARCH: A PRIMER (1994) Foundation for Health Services Research
1350 Connecticut Avenue, N.W., Suite 1100 Washington, DC 20036
<https://www.academyhealth.org/files/publications/healthoutcomes.pdf>

Sackett DL, Rosenberg WMC, Gray JAM, Haynes RB, Richardson WS (1996) **Evidence based medicine: what it is and what it isn't.** BMJ 312 doi: <http://dx.doi.org/10.1136/bmj.312.7023.71>
(Published 13 January 1996) Cite this as: BMJ 1996;312:71 <http://www.bmj.com/content/312/7023/71>
<http://www.dcscience.net/sackett-BMJ-1996.pdf>

http://www.knihovna.upol.cz/fileadmin/user_upload/LF/IC/LBFVCA61/Definice_EBM_Sackett_1996_.pdf

„Evidenz basierte Medizin ist der gewissenhafte, ausdrückliche und angemessene Gebrauch der gegenwärtig besten vorhandenen Daten aus der Gesundheitsforschung, um bei Behandlung und Versorgung von konkreten Patienten Entscheidungen zu treffen. EbM beinhaltet die Integration individueller klinischer Expertise mit der bestmöglichen Evidenz aus klinischer Forschung und der Präferenz des Patienten.

Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. By individual clinical expertise we mean the proficiency and judgment that individual clinicians acquire through clinical experience and clinical practice.“

Clancy CM, Eisenberg JM (1998). **"Outcomes Research: Measuring the End Results of Health Care"**. Science 282 (5387), 245–246. doi:[10.1126/science.282.5387.245](https://doi.org/10.1126/science.282.5387.245). PMID [9841388](https://pubmed.ncbi.nlm.nih.gov/9841388/)

<http://www.xerlebnishaft.de/evidencebasedmedbdh.pdf>

Outcomes Research: Fact Sheet. (March 2000). Agency for Healthcare Research and Quality, Rockville, MD. <http://www.ahrq.gov/research/findings/factsheets/outcomes/outfact/index.html>
„Outcomes research seeks to understand the end results of particular health care practices and interventions. End results include effects that people experience and care about, such as change in the ability to function. ... By linking the care people get to the outcomes they experience, outcomes research has become the key to developing better ways to monitor and improve the quality of care. ... (AHRQ, formerly the Agency for Health Care Policy and Research).“

[Porzsolt F](#), [Stengel D](#), [Ghosh AK](#) (2005) **Ergebnisforschung: Nutzen für Patienten muss nachgewiesen werden** Dtsch Arztebl 102, A 2380–2385 [Heft 36] <http://www.aerzteblatt.de/archiv/48177>

Porzsolt F, Braubach P, Flurschütz PI, Göller A, Sailer MB, Weiss M, Weyer P (2012) **Medical students help avoid the expert bias in medicine.** Creative Education 3(11), 1115-21
http://journaldatabase.org/articles/medical_students_can_help_avoid_expert.html
“Applying the principles of Evidence Based Health Care (EBHC) in an academic environment we became aware of important differences between medical students and the users of clinical research. The latter may be clinicians, educators, guideline developers, or industry managers. These users are adapted to the system and have some kind of conflict of interest: they are either biased by patients’ demands, by main stream thinking, by medical standards and/or by economic interests. All are under time pressure, want to avoid conflicts with their employer and the analysis of scientific reports may not really be their main focus. ...”

Baethge Chr (2014) **Evidenzbasierte Medizin.** In der Versorgung angekommen, aber noch nicht heimisch. Dt. Arztebl. 111(39), A1636-A1640
<http://www.aerzteblatt.de/archiv/162409/Evidenzbasierte-Medizin-In-der-Versorgung-angekommen-aber-noch-nicht-heimisch>

Heneghan C (2014) **Evidence based medicine on trial.**
<http://blogs.bmj.com/bmj/2014/12/04/carl-heneghan-evidence-based-medicine-on-trial/>
« Evidence based medicine (EBM) should form the foundation of effective clinical decision making; however, growing unrest—and an awful lot of criticism—suggests the evidence bit of EBM is increasingly part of the problem, and not the solution ».

EBM Netzwerk (2016) <http://www.ebm-netzwerk.de/was-ist-ebm/grundbegriffe/definitionen/>
<http://www.ebm-netzwerk.de/>

Cochrane Deutschland Evidenzbasierte Medizin (2016) <http://www.ebm-netzwerk.de/>

Lebenserwartung im Laufe der Jahrhunderte. Life expectancy over the centuries.

(2010) Hans Rosling's 200 Countries, 200 Years, 4 Minutes - The Joy of Stats - BBC Four. (2010)
<https://www.youtube.com/watch?v=jbkSRLYSojo>

[Bernt - Dieter Huismans](#) Letzte Revision Januar 2018 www.Huismans.click
Back to top: http://www.xerlebnishaft.de/standpunkte_perspektiven.pdf

