spected and valued, and dealing with the negative reactions of critics.

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Paradigms found

The comments by Dr. Graham Worrall and associates ("The effects of clinical practice guidelines on patient outcomes in primary care: a systematic review," *Can Med Assoc J* 1997;156:1705-12) and Dr. Robert S.A. Hayward ("Clinical practice guidelines on trial," *Can Med Assoc J* 1997;156:1725-7) about clinical practice guidelines (CPGs) are excellent and timely.

We agree with Hayward that CPG initiatives should continue, with a focus on validating methods and assessing effectiveness, as suggested by the data in Hayward and associates' article "Canadian physicians' attitudes about and preferences regarding clinical practice guidelines" (*Can Med Assoc J* 1997;156:1715-23). These authors document that physicians may not use CPGs to any great degree in practice decisions and that they make decisions largely on other grounds. Have physicians appropriately valued existing CPGs, or have they undervalued them? Will more and better CPGs change that valuation?

Worrall and associates state that evidence-based CPGs "are the main tool for introducing evidence-based medical care." In contrast, many believe that clinical epidemiology is one of several core basic sciences that every physician must now have.[1] A health care professional educated in this area is best able to accommodate evidence and CPGs, when possible, while acknowledging their real limitations. Educating physicians about the principles of epidemiology and developing a professional culture of open discussion about our values and how we make decisions may be a better way to ensure that evidence-based medical care is introduced successfully, yet without uncritical acceptance.

We believe that making even better decisions requires a more complete theory of medical choice. Traditional medicine, as one such theory, does not accommodate advances in measurement, statistics and clinical epidemiology. Evidence-based medicine, as another, captures these. Our profession urgently needs a debate over the relative importance or value of causal and prognostic evidence (clinical epidemiology) in making medical decisions. Evidence-based medicine is now nearing dominance within research, journals, academic practice and political discussions about Canadian medicare (e.g., the National Forum on Health). However, medical decisions take into account many factors apart from epidemiologic evidence, including preferences, ethics and patterns of resource allocation. A new theory should try to incorporate the best parts of traditional medicine, evidence-based medicine and some of these other considerations. From such a perspective, the efforts and debates concerning CPGs will seem but one small step toward far wiser decisions.[2]

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Éducation en éthique : expérience et réflexion éthique

Dans son article «Medical education must make room for student-specific ethical dilemmas» (*Can Med Assoc J* 1997;156:1175-7), M^me^ Joye St. Onge a su traduire le gouffre qui sépare l'expérience des étudiants en médecine et l'enseignement éthique qu'ils reçoivent. À titre d'étudiant, j'ai en fait pu constater ce vide qui prévaut dans notre formation en éthique. Le discours éthique qui nous est proposé est à mille lieues d'un quelconque ancrage expérientiel.

Aujourd'hui, les approches principielle et casuistique dominent l'enseignement de l'éthique — pédagogie qui demeure au niveau proprement théorique. Les étudiants perdent, selon mon expérience, le contact avec la réflexion éthique. Ils qualifient les cours d'inutiles. La dimension humaniste est éradiquée des discussions. Que faut-il faire pour donner une approche éthique à la médecine?

Il ne s'agit pas uniquement d'introduire une dimension particulière dans la pratique médicale. Les changements importants dans nos réseaux de santé nécessitent une définition novatrice de la compétence professionnelle du médecin.

Parler de compétence professionnelle ne suppose plus uniquement une compétence technique et scientifique permettant de poser un diagnostic en conformité avec la science médicale. Les compétences communicationnelle et éthique doivent tenir une place prépondérante dans la compétence professionnelle du médecin.