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Editorial

As we ponder the events which led to the 1st Asia Pacific Clinical Epidemiology and Evidence-based Medicine Conference (1st APCEEBM Conference), we are drawn back to the meaning of clinical epidemiology and evidence-based medicine and their place in today's medical education. As Last pointed out in his guest editorial of the Journal of Public Health Policy (Last, 1988), clinical epidemiology should not be confined to the medical doctor as this makes it narrow in scope and purview. This editorial is not about the arguments which have raged over the definition of clinical epidemiology. It is about celebrating the research that has been carried out in clinical epidemiology and evidence-based medicine and connecting people together.

Having said that, we are encouraged by the 1st APCEEBM Conference where physicians, physiotherapists, nurses, psychologists and public health professionals from 25 different countries came together to present their own experiences and research findings to an audience of approximately 250 people. These presenters (both oral and poster) have chosen to ignore the debates over definitions and dealt with the real meat of the matter.

When measuring success, we often talk about numbers of people attending a conference and even numbers of presentations. While that is an objective assessment, numbers of people attending for the sake of attending does not really count towards making a conference successful. Was the 1st APCEEBM Conference a success then? There were 2 pre-conference and 1 post-conference workshops, 1 keynote address, 4 plenaries, 4 symposia and 240 oral and poster presentations with 13 invited international speakers from Europe, Asia, North America and Australia. By any measure and as a first effort the 1st APCEEBM Conference would widely be considered a success. Yet numbers only tell us half the story. Bigger turnouts are seen at sports matches but conferences and sports matches are worlds apart in both scope and appeal. The true measure of this conference would be the quality of the presentations, the possible collaborations that were germinated, the networks that were strengthened and the friendships that were made. The variety of presentations in clinical epidemiology, as reflected in this supplementary issue, augurs well for this region and is portend of things to come. Less obvious were presentations on evidence-based medicine, which has yet to match the numbers seen in other conferences of the like. However, judging from the interest in the Cochrane symposium, this is likely to change rapidly over the next few years in this region and it is only a matter of time before systematic reviews and meta-analysis become more commonplace at these conferences.

Sitting down to write this editorial brings to memory the short time that the Julius Centre University of Malaya (JCUM) has been in existence. JCUM was born in 2008 and has proved to be a catalyst in clinical epidemiology and evidence-based medicine research in the University of Malaya. Within the short span of 4 years and with the limited resources afforded it, it has grown so much in stature that it is now the standard bearer of clinical epidemiology and evidence-based medicine in Malaysia. Clinical epidemiology has always been a strong point in the University of Malaya but evidence-based medicine has lagged behind, not least because it is less well understood and because resources and support for it have been lacking. That has remained true until JCUM came into existence and provided the needed impetus for change.

Translating clinical epidemiology into evidence-based practice remains a real challenge in the Asia Pacific region. The critical thinking and debate on ways to close the “discovery–delivery” gap so as to improve patient outcomes is the highest “value-added” indicator of the 1st APCEEBM Conference. The six countries' forum, hence, culminated in potential regional collaboration on reclaiming the CE and EBM research agenda and capacity building of epistemic networks that will use reliable evidence to save lives and improve health. At the same time, we recognise that advocacy of clinical epidemiology and evidence-based medicine towards evidence-based practice and public health policies need to be founded on ethical conduct and responsible reporting and publication. In an era of rising costs and patient safety concerns, there is an undeniable recognised need to translate clinical epidemiology into evidence-based practice (Burton, 2012; Cachat and Ramseyer, 2012; Chung, 2012; Crosby, 2012) but there is also concern about the complexity of delivering high quality evidence-based healthcare delivery at low cost in the Asia Pacific region.

There is a myriad of publications on the application of evidence-based medicine (Assadi et al., 2012; Bekkering et al., 2012; Braillon et al., 2012; Brant-Zawadzki, 2012) but the number of publications coming from developing countries is still miniscule compared to more developed countries. Teaching evidence-based medicine (Cheng et al., 2012; Ferwana et al., 2012; Gagliardi et al., 2012) is not easy but it can be done even in resource-limited settings (Prasad, 2012). Interestingly, the question of how beneficial evidence-based medicine is to us continues to provide material for discussion (Cymet, 2012; De Freitas et al., 2012; Gronseth and Ashman, 2012).

This supplementary issue is timely for the Asia Pacific region insofar as CE and EBM are concerned. It is time that the enormous amount of clinical data that is available in this region be made better use of and translated into useful practice. To paraphrase Churchill, “Never in the field of human illness was so much data available to so few that could do so much good”. We stand at the threshold of a new era here in the Asia Pacific region. The next ten years will see an explosion of healthcare data being made available for research with the enormous potential impact on patient outcomes and population wellbeing. As researchers and practitioners, we need to seize this opportunity with both hands and put it to good use for the benefit of all humankind.

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Of the 240 oral and poster presentations from the 1st APCEEBM Conference, twenty-seven papers are published in this supplementary issue including one roundtable discussion and an introductory paper. Each article was reviewed by a Preventive Medicine editor, the supplement guest editors and multiple peer reviewers. We would like to express our heartiest gratitude to the Preventive Medicine editors, staff and all the peer reviewers for making this supplementary issue possible. This supplemental issue has the potential to bring further the much-needed attention to the clinical epidemiology and evidence based research conducted from our part of the world.

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