

# Potential unintended consequences of the promotion of contemporary evidence-based best practice in isolation from clinical judgement

## Exposure Draft Principles

“Principle (13) The regulation of the Commonwealth aged care system:

(a) promotes innovation, continuous improvement and contemporary evidence-based best practice in the Commonwealth aged care system; “

## Issues

The value of evidence-based best practice in aged care comes from its considered application to the treatment of the complex needs of an individual aged person

- by a health practitioner using their clinical judgement
- in consultation with an aged person reflecting on their lived experience of what works for them.

Good aged care and effective expenditure of public funds result from care tailored to each person’s needs.

The omission of clinical judgement from the Principles risks both the inappropriate promotion of “one size fits all” “contemporary evidence-based” decisions and the denial of beneficial treatment that has not been researched.

Clinical judgement is necessary due to:

- the limited amount of evidence in relation to practice
- in particular, limited evidence in relation to interactions between complex conditions
- the role of private sector funding in determining which research takes place and what evidence is produced
- critiques of some contemporary research trials, for example, for over representation of male subjects and neglect of some groups’ needs
- possible inadvertent exclusion of research evidence beyond the Anglosphere in publications and education
- lack of research on First Nations’ traditional practices.

The absence of contemporary clinical evidence does not mean a practice is inappropriate or ineffective. It means clinical trials have not yet taken place or not been published. The practice/remedy may be beneficial but not be likely to produce sufficient profit to attract research funding.

Health practitioners do not turn someone away because sufficient relevant clinical trials have not yet been completed. They use their clinical judgement to work out what the preferable option is for that client from available options, including “non-evidence” based alternatives.

Aged care will not benefit from the elimination of all options that have not been funded – or are likely never to be funded - for contemporary research trials. The Exposure Draft needs to make clear that aged care funding is not limited to the subset of practices funded for contemporary research trials and known in Australia.

The value of clinical judgement needs to be documented and recognised in the Exposure Draft Principles.

### **Recommendations**

The Principles be amended to include the promotion of health practitioner clinical judgement.

The Exposure Draft makes clear that public aged care funding is not limited to the small subset of evidence-based practice funded to date in clinical trials.