

Normalising research into the lives of Australian general practitioners

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AS GENERAL PRACTITIONERS (GPs), one can argue that our collective expertise is the management of clinical uncertainty. We deal with these uncertainties in a myriad of ways: using time as a diagnostic tool; referring to clinical guidelines; hypothesis testing or seeking advice from colleagues. Despite our best efforts, the generalist nature of our specialty means unanswered questions remain. How are clinicians meant to make sound decisions in the absence of reliable evidence? Furthermore, when this is considered with the aphorism that ‘absence of evidence is not evidence of absence’, we appreciate the daily discomfort felt at these crossroads of clinical decision making.

While evidence-based decision making is the fundamental role of clinicians, we posit that the triad of research, education and clinical practice is the cornerstone of our medical profession. It is this perpetual interplay between the triad that results in professional excellence. Professor Charles Bridges-Webb once said, ‘if someone else knew the answer, then education was required. If no one knew the answer research was needed’.¹ Therefore, it is crucial that practising clinicians not only appreciate the role of research but also actively participate in the continuous cycle of knowledge generation. Many GPs focus on a particular area of the triad, but it is our individual commitment and collective actions that develop a primary care community providing best outcomes for patients.

We all have patients about whom we are perplexed, uncertain as to what

is the appropriate next step. While information is frequently available in published research, it is the application of this information within the clinical context that makes medicine an art. Since no single patient fits perfectly into the artificial research target population, it becomes more difficult to apply findings to the primary care context if the patients were not recruited, observed or intervened within the general practice setting. Hence it is crucial that GPs actively participate and design studies, educate and inform colleagues, and mindfully implement findings in everyday practice

The Aspirin in Reducing Events in the Elderly (ASPREE) trial is a testament to what can be accomplished, demonstrating the interplay between research and clinical practice.² Many of us have wondered if elderly patients should take aspirin to reduce the risk of cardiovascular disease and prolong life expectancy. This landmark randomised controlled trial, the largest ever conducted in Australia, attempted to answer the question by recruiting 16,703 patients from 2717 GPs.³ Four years after the last patient was recruited, we now know that aspirin is unlikely to provide any benefit, informing everyday practice. While this represents the extreme end of high-impact research, it reminds us of what the Australian GP community can collectively accomplish with commitment towards a common goal. Although we may not all be involved in landmark studies, we should nonetheless strive to be involved in research of any scale with the aim of continuous improvement. It is only by asking and attempting to answer questions that we can make progress as clinicians in a

specialty that forms the cornerstone of the health and wellbeing of the whole nation.

Australian Journal of General Practice has commissioned a series of articles on research for the coming issues. Leading GPs across the country will provide insights for us to better understand and interpret research, highlighting opportunities to engage from all aspects of primary care. General practice in Australia is the backbone of the healthcare system. Capacity in research is required to innovate, educate and answer the questions we all have from patients walking through the door.

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