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Evidence-based medicine (EBM) limits the medical decision-making process to facts and figures that are supported by scientific research. It is scientific research, and not anecdotal accounts, personal experiences, or changes in the clinician's mindset that guide EBM. EBM is challenged by clinicians and their staff, patients and their families who express values and preferences that depart from the "cookbook" approach to medical decision making. Part of the challenge comes from EBM's inability to accommodate the miraculous.

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Jon Bon Jovi described the opportunity we all have to make room for miracles in our lives, saying, "Miracles happen every day; change your perception of what a miracle is and you'll see them all around you."[1] This need to change our perception of what a miracle is leads into the topic of this month's commentary and my beef with evidence-based medicine (EBM).

EBM often limits the medical decision-making process to facts and features that are supported by scientific research. It is scientific research, and not anecdotal accounts, personal experiences, or changes in the clinician's mindset that guide EBM. It follows that the education of doctors, nurses, and allied health professionals is focused on teaching students how to research and depend upon medical literature as the gospel for medical decision-making.

EBM is challenged by clinicians and their staff, patients and their families, who express values and preferences that depart from the "cookbook" approach to medical decision making. Part of the challenge comes from EBM's inability to accommodate the miraculous. Now, I'm not implying that medicine throw away the cookbook and rely on unseen forces as a panacea for what ails our patients. I'm also not suggesting we return to a Neanderthal pre-scientific literature era where healing was a process of "making it up as you go along." I am simply recommending medicine make room for miracles.

Richard Dawkins said, "If there ever was a slamming of the door in the face of constructive investigation, it is the word miracle."[2] EBM attempts to discount the medical miracle as an error in diagnosis or prognosis, a logical mistake. Making room for miracles in EBM would require evidence provided by repeatable independently conducted double-blind studies, with random sampling, control groups, precise data collection, critical analysis, and conflict-of-interest free reporting.

The description of a medical miracle as a "mistake" discounts the miracle of life itself. Bernie Siegel said, "Life is a miracle, and we need to not fear trying to achieve our potential and reveal the remarkable creation we and all living things are and that our Creator has built into us the ability to induce self-healing."[3] If miracles are all around us, then medicine had better make room for them, or we will lose sight of the miraculous, and the very word "miracle" will become the sole propriety of tele-evangelists, quacks, and snake oil salesmen.

According to Masic, Miokovic, and Muhmadagic (2008), EBM "converts the abstract exercise of reading and appraising the literature into the pragmatic process of using the literature to benefit individual patients while simultaneously expanding the clinician's knowledge base."[4] But how can a clinician's knowledge base expand when it is kept in a box that denies the very essence of life itself?

Few people, clinicians and patients, would argue with the belief that childbirth is a miracle. Thankfully, my own birth was formally recognized as such by the nurses at Queen Victoria Maternity Hospital. My unwed mother was admitted to the hospital with her file marked BFA, which stood for "Baby for Adoption." This was at a time when forced adoption was a common practice in Australia.[5] The prearranged adoptive family, Mr. and Mrs. Ball, completed the paperwork, and the plan, common at the time, was to remove me from my mother immediately after birth, a practice supported by the medical literature at the time, which suggested the best way for the adoptive family to bond with the new baby was for the baby to have a "clean break" from the mother. But as it turned out, I was a "caul birth," one of 80,000 babies born in an unbroken amniotic sac, which the nurses in attendance recognized as a

miracle. This miracle persuaded the hospital to depart from the "cookbook" approach and allow the revocation of my mother's consent. EBM would view my birth as a rare but natural occurrence, hardly miraculous, but because the nurses saw it as otherwise, my family remained intact. The reaction of the hospital staff to my miracle birth is best described by Nikos Kazantzakis who said, "What a miracle life is and how alike are all souls when they send their roots down deep and meet and are one!"[6] The miraculous event, probably the first caul birth at the hospital, caused them to change their view of my mom as just another powerless and undeserving unwed mother.

In the current world of medical technology, at some point, the clinician must look away from medical databases on the computer screen and into the patient's eyes, sharing the information that is supported by scientific research while also making room for miracles. As Ray Bradbury said, "We are the miracle of force and matter making itself over into imagination and will. Incredible. The life force experimenting with forms. You for one. Me for another. The universe has shouted itself alive. We are one of the shouts."[7]

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