

Dubbed "A UK Google for Guidelines" in a Lancet (2009: 1578) editorial, the new NHS Evidence portal (www.evidence.nhs.uk) is being hailed as a one-stop-shop for health-related information. With a clear and simple home page in the style of the well-known search engines, one of the merits of this project that makes it different from the average online search facility lies in the way in which it ranks results not only in relation to the occurrence of search terms in the information itself, but in accordance with each result's position in the evidence hierarchy. Using the default search method means that search results will prioritise guidelines and commissioning guides above primary research articles: an innovation that is being hailed as an important step in presenting clinicians with the best possible evidence.

Given the volume of evidence available on the internet and the relative lack of time that clinicians have to surf all of this information, it is little wonder that this is seen as a fabulous new service which will promote high-quality care. One of the most significant advantages of such a facility are the time that will be saved when those people whose questions can be answered by the most recent and quality-assured guidance or systematic review on a topic are able to access this at the click of a button. As someone who needs to access evidence on a regular basis, I am sure that I will be using this facility and encouraging others to do so as well.

Is One Stop Enough?

I do have a few concerns, however, about the fervour with which some people are greeting this innovation as a "one-stop-shop". It is indeed marvellous that people have been able to create computer algorithms that search in accordance with the established hierarchy of evidence, giving us a list of pages in the order in which proponents of evidence-based practice feel that we should pay them attention. But what about the lived experiences, the case studies, the one-off people and the minority groups whose stories are not heard amidst the clicks that signify our travelling from one synthesised guidance document to the next in search of population-level answers? What about the questions which midwives need to find answers to that do not fit into the '*is intervention a or intervention b the best way of treating problem x?*' format that is best suited to a systematic review? What about all of the other kinds of knowledge that might not be considered best within the context of evidence-based practice but which are drawn upon by all of us in everyday practice? What about those papers and articles and blogs and sites which discuss what we know, reflect upon what we do and raise the new questions and thinking that, in their infancy, have not made it to the stage of a primary research study, let alone a meta-analysis or systematic review?

As an experiment, I put the phrase "breech birth" into both NHS Evidence and Google. The first ten results that NHS Evidence provided me with included systematic reviews, annual evidence updates and a meta-analysis. Google offered none of these within its first ten results. It offered me the Wikipedia entry, five or six mainstream websites'

discussions of the issues, the RCM's discussion of this within the context of their Campaign for Normal Birth and a couple of websites where midwives offered information on the range of options available, including physiological breech birth stories and a discussion of the ideological approaches that different practitioners may take in relation to this area.

Embracing the Range

I'm not going to argue that the Google offerings are preferable to the results that NHS Evidence provided, not least because it is unfair to compare tools that are seeking to do very different things. The information on most of the Google links is not systematically gathered according to the rules of evidence-based practice and (at least in this instance) it offers a range of perspectives rather than the evidence-based party line. Yet don't we need this range of perspectives in order to truly understand the issues and keep up-to-date with current thinking? An understanding of the political and cultural context and debates and an appreciation of how these issues might affect women's experiences is surely as important as knowing which of a range of interventions is considered best in respect of the physical outcomes that can be measured in a quantitative research study?

Surely we need both of these approaches to searching the Internet, perhaps along with a few other search tools that will find us different information again? Plus, of course, we need the means to search the vast quantity of knowledge and information that is not located online. By all means let's make NHS Evidence one of our "favourites"; it is a truly useful and innovative service that will, I am sure, be a positive addition to our search for better information and understanding. But let's not forget that even the best evidence is still only going to comprise a tiny volume of the things that we need to know and understand in order to be with women.

References

Lancet (2009) A UK Google for Guidelines. The Lancet, 373(9675): 1578

NICE Press Statement 29/04/2009. NHS Evidence service will benefit health and social care professionals. <http://www.nice.org.uk/newsroom/presstatements/NHSEvidenceLaunches.jsp>