now consist almost entirely of meta-analyses of publications from the world literature. Similarly, the ex-
cathedra prescriptive activities (‘systematic reviews’; ‘Cochrane reviews’) of ‘evidence-based medicine’ and
‘Cochrane centres’ (see the website home page: http://www.Cochrane.org) are largely based on the belief
that there is a hierarchy of valid evidence in which controlled trials most closely approximate ‘the truth’,
followed by cohort studies, followed by case-control studies (all or some of which can be melded in meta-analyses),
followed by the rest, with anecdotal evidence at the bottom of the heap. There is no hierarchy: each of the research
strategies described here have strengths and weaknesses, and it is the best evidence, however derived, that must be
given the greatest weight in deciding on causality.

The late Alvan Feinstein once remarked that if some insuperable scientific obstacle interferes with one’s
preconceptions, the temptation to ignore it and pretend it does not exist may be irresistible. Can this state of affairs be
remedied? If it is to be, an essential requirement is that experienced clinical insight must be restored to the leadership
in causal research. The associations at issue are usually subtle, and clinical judgment is essential if they are to be
properly interpreted. In the absence of clinical judgment, epidemiology runs the risk of becoming stupid epidemiology.
Elsewhere I have stated that: “If we can move away from the paradigm of the randomised controlled trial as the most
superior methodology under all circumstances, and if we can learn to accept that some questions cannot be answered, we
also need to reassert the ascendancy of clinical medicine, in its broadest sense, in causal thinking within epidemiology.” That need has become urgent, and if this article helps to fulfil it then it will have served its purpose.

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Thromboembolism Among Women Using “Third Generation” and “Second Generation” Oral Contraceptives) submitted by the author
as testimony in a trial before a British court [High Court of Justice, Queens Bench Division, Case No. 0002638, Neutral Citation No.
[2002] EWFC 1420 (QB), before The Honourable Mr Justice Mackay]. Among other things, that report included a section of
principles of causality in epidemiology.

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NEWS ROUNDUP

UN wall charts
The United Nations (UN) has produced two new wall charts – World Contraceptive Use 2007 and
World Abortion Policies 2007 – that might be of
interest to health professionals. The website also
includes a number of very useful articles on
sexual and reproductive health. Visit the UN
website for further information.

HPV immunisation programme in
Scotland
From September 2008 to June 2009, around 90 000 girls in Scotland will receive three separate
injections over a 6-month period as part of Scotland’s Human Papilloma Virus (HPV) National Immunisation Programme to help
protect teenage girls from the future risk of
cervical cancer. Over 15 000 information packs
are being issued by Health Protection Scotland (HPS) to a range of health professionals across
Scotland from June 2008. The pack, which has been developed by HPS and NHS Health Scotland
to help health professionals implement and deliver the immunisation programme from 1 September
this year, will include examples of the campaign’s marketing materials, Q&As for parents and carers
dand their daughters, and detailed medical information including a fact sheet and a copy of the
Green Book Chapter on HPV.

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