

ied and the appropriate dosage is unclear.

“Many regulatory authorities (Colleges) have considered these facts. Some have stated clearly that physicians should not support an application for the medical use of marijuana, while others have chosen to simply remind their members of the importance of evidence-based medicine and the lack of evidence about the benefits and risks of this substance.

“However, patients who believe that marijuana is effective for treating certain symptoms from which they suffer can apply to Health Canada for authorization to possess and use marijuana under the Marijuana Medical Access Regulations (the Regulations). Those Regulations require the applicant (patient) to submit two declarations, one of which is the applicant’s and the other a Medical Declaration signed by the applicant’s medical practitioner.”

The full statement is available at www.cmpaacpm.ca/cmpapd04/docs/resource_files/infosheets/2009/com_is09103-e.cfm.

—ED

Best evidence: The tip of the information iceberg

Incorporating high-quality evidence into clinical decision making requires systematic searching, appraising, and synthesizing of the literature. Performing these complex and time-consuming tasks on a regular basis is beyond reasonable expectations for busy physicians, so using existing sources of evidence-based information, particularly systematic reviews, is helpful. Unlike traditional narrative reviews that are generally written by a few authors who subjectively select literature to comment on a broad topic, systematic reviews tend to be produced by a team that endeavors to search the literature on a narrow clinical question in an unbiased and reproducible manner and analyze the search results according to explicit criteria. Two initiatives of note that produce carefully synthesized and appraised systematic reviews are *Clinical Evidence* from BMJ Publishing Group and the Cochrane Collaboration. Both tend to focus on the benefits and harms of clinical interventions.

Clinical Evidence, created in 1999, summarizes systematic reviews, RCTs, and observational studies, and states

the current view on what is known and unknown about specific aspects of disease management. Conveniently, patient leaflets on general topics supplement the more precisely focused systematic reviews. *Clinical Evidence* is both a stand-alone publication as well as a component of *BMJ Point of Care*. The Cochrane Collaboration, a distinct and independent organization, has been producing the *Cochrane Database of Systematic Reviews* since 1993. The Collaboration is not-for-profit, funded by agencies such as universities, charities, and personal donations. Like *Clinical Evidence*, Cochrane reviews tend to focus on the risks and benefits of therapeutic interventions. Both of these resources are available for free to all College members at www.cpsbc.ca/library.

In addition the College Library offers workshops on identifying and effectively searching high-quality medical evidence, and we are also happy to arrange one-on-one learning sessions with College members.

—Karen MacDonell, Judy Neill
Librarians/Co-Managers, College of Physicians and Surgeons of BC Library



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