

tion that is the reason that I chose this topic. I have no evidence based criteria on which to base my guidelines. I have only a desire and a need to help a patient who has a difficult problem affecting both his work and recreation and the quiz was based on my experiences with this clinical setting in what seems to work in my hands.

I certainly have not aimed to provide an overview and analysis of treatment options. I am a strong believer in attempting to validate what we are doing with our patients, as a guide to treatment protocols and strongly support the concept of evidence based protocols. Yet, I am also a clinician who needs to provide some safe clinical assistance and who is sometimes frustrated by adoptees of a purely evidence based management as it can deprive a patient of any assistance. My response I am sure, will frustrate proponents of a purely evidence based approach.

In the occupational setting in particular, lateral elbow pain is a syndrome that is especially difficult to treat successfully. Patients presenting to an occupational physician will have often been managed as I have outlined and failed to respond. Yet, others will have settled and therefore not made their way to the occupational physician.

I acknowledge the lack of evidence in my approach, yet hope it will assist some.

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## Healthy scepticism

Dear Editor

I enjoyed Craig Hassed's article 'Healthy and unhealthy scepticism' (*AFP* August 2003) and share his concern that we GPs are often 'ready to accept, often on scanty evidence, some new drug as standard medical practice, and yet so slow to accept things that are even slightly outside the square'.<sup>1</sup>

General practitioners are being overloaded by information. There are many interest groups seeking to influence our prescribing. As the drug promotion guru Pierre Garai said regarding drug advertis-

ing: 'The best defence doctors can muster against this kind of advertising is a healthy scepticism and a willingness, not always apparent in the past, to do homework. Doctors must cultivate a flair for spotting the logical loophole, the invalid clinical trial, the unreliable or meaningless testimonial, the unneeded improvement and the unlikely claim. Above all, doctors must develop greater resistance to the lure of the fashionable and the new'.<sup>2</sup>

*Peter R Mansfield  
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## References

1. Hassed C. Health and unhealthy scepticism. *Aust Fam Physician* 2003; 32(8):653-654.
2. Garai P R. Advertising and promotion of drugs. In: Talalay P, ed. *Drugs in Our Society*. Baltimore: John Hopkins Press, 1964.

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