



**THE BEDFORD MURDER: AN EVIDENCE-BASED CLINICAL MYSTERY.** MARSHALL GODWIN AND GEOFFREY HODGETTS. PHILADELPHIA: HENLEY & BELFUS (NOW PART OF HEALTH SCIENCES DIVISION OF ELSEVIER); 2003. 200 PAGES. SOFTCOVER \$21.95. ISBN 1-560-53565-2.

Devotees of murder mysteries might be pleased to see their favorite literary form combined with evidence-based medicine (EBM). After all, diagnosis in medicine is often likened to the work of the gumshoe sleuth. Uncovering the hidden would seem to be the obsession of both the diagnostician and the detective, and indeed the authors draw the parallel by claiming that each is about “evidence”. To be sure, each profession begins with facts and uses expert knowledge and then inference to arrive at an answer. This facile analogy is, alas, all too easy to undo, for detectives start with the particular and proceed to the general whereas clinicians start with the general and proceed to the particular.

The setting is an old Ontario town substantially controlled by two extended families with cool interrelations that have been cemented by marriage. The story unfolds as the reader works through the clinical exercises, but the story line is in the murder and not in the medical questions. A scion of the English-origin family, Nick, has gone to Labrador to fish with his brother-in-law, Pierre, a young man from the French-origin family. By all reports it was a successful trip, but only Pierre returns. He last sees Nick getting into his car at the Toronto airport when he is going for his own. Nick’s family begins to investigate and finds Nick’s car but no Nick. In the trunk is the body of a young woman, apparently a stranger to the family. . . .

The uneven use of voice is distracting. The murder mystery is told in a simple narrative past tense, and the answers to EBM questions in telegraphic, professional English like an abstract of an original article. The clinical encounters are described in the second person in a voice that can be described only as disembodied. In effect, the reader is placed in the person of the town GP, Dr Leslie Sharpe: “By now you know many of the interrelationships of the people in this town. . . . You are Dr. Leslie Sharpe, and you are about to start your clinic for the day.” This awkward and tiresome device leaves the reader with little appreciation of the character of Dr Sharpe.

In the EBM sections, each “question arising from this clinical encounter” is suggested by the authors. The authors likewise carry out the process of finding the authoritative answer. Most of the questions are interesting, but the reader soon wonders whether the intensity of “looking up” would preclude seeing more than one patient every few days. The questions addressed range from the advisability of vaginal birth after cesarean delivery to the utility of barium studies compared with endoscopy in diagnosing gastroesophageal reflux disease. Although clinicians are generally comfortable with having most of their continuing-education reading guided by their daily experience, the topics presented here shift across a broad and seemingly unrelated array. Can this overworked GP have any coherent approach to knowledge acquisition? The model presented here seems to be one of a frantic struggle to stamp out black holes of ignorance arising unbridled as they do from each clinical encounter. More disappointing is that the authors do not help the reader to find that “just right” meta-analysis or guideline article.

Readers who can be patient with interruptions in the story and even take delight in staying alert for the small clues among the clinical encounters should read this book. Similarly, EBM enthusiasts will find this effort to promote it imaginative and at times amusing. The book may disappoint serious readers of detective novels. Here the old adage that work should not be allowed to interfere with leisure is ignored. With a proportion of about 20% crime story “interrupted” by the remainder on the “how to” of EBM, the reader is left wondering about the attractiveness of the latter. Is EBM so tedious that it can really be taught only by resort to literary diversion? I put this book down because I like my murder mystery neat; moreover, I have yet to be persuaded that EBM is anything more than a new name for an ancient process—finding out what is already known. It is like marketing mead as honey-brown ale.

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