

Melbourne 2018

Blind spot analysis and Evidence-Based initiatives.



Blind-spot what? Why are we here?

Where the idea comes from: my profession.

Good software should make activities simpler – the aim is to *Hide Complexity*.

What if I write something that hides too much?

In my field, some kind of blind-spot analysis is a hard requirement.

What are the blind spots of Evidence Synthesis (in general)?

One example: “Effectiveness of Anti-Corruption Interventions”.

Silvio Berlusconi's firm told to pay
€560m over bribery

Park 'n' bribe as warden takes £20 NOT to issue ticket

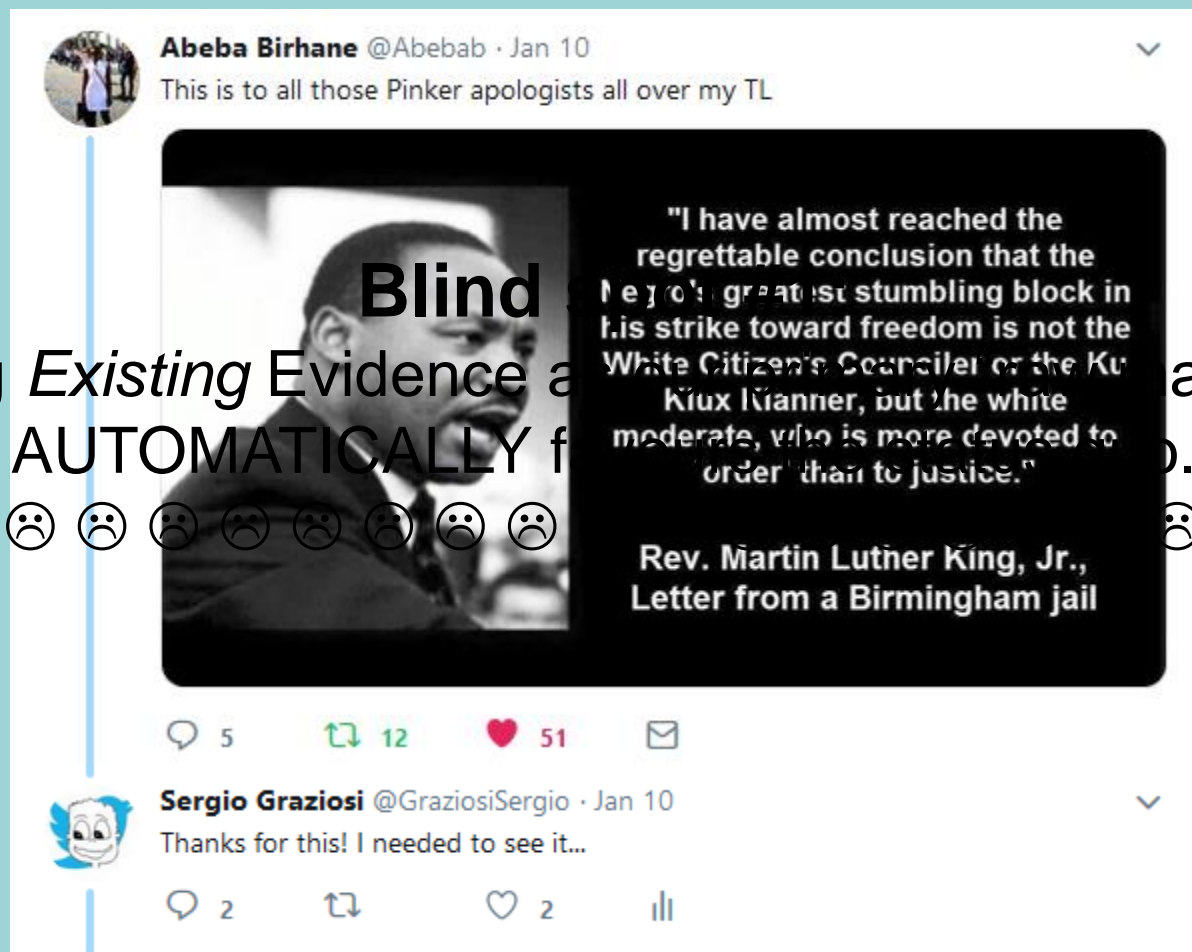
THIS traffic warden is caught red-handed taking cash in return for not slapping a motorist with a hefty fine.



By **John Ward** / Published 4th November 2012



A depressing Epiphany



Using *Existing Evidence* and **AUTOMATICALLY** for

material”



Blind-Spot #2: predefined methodologies.

Evidence Synthesis is research: the aim is to learn things we don't already know.

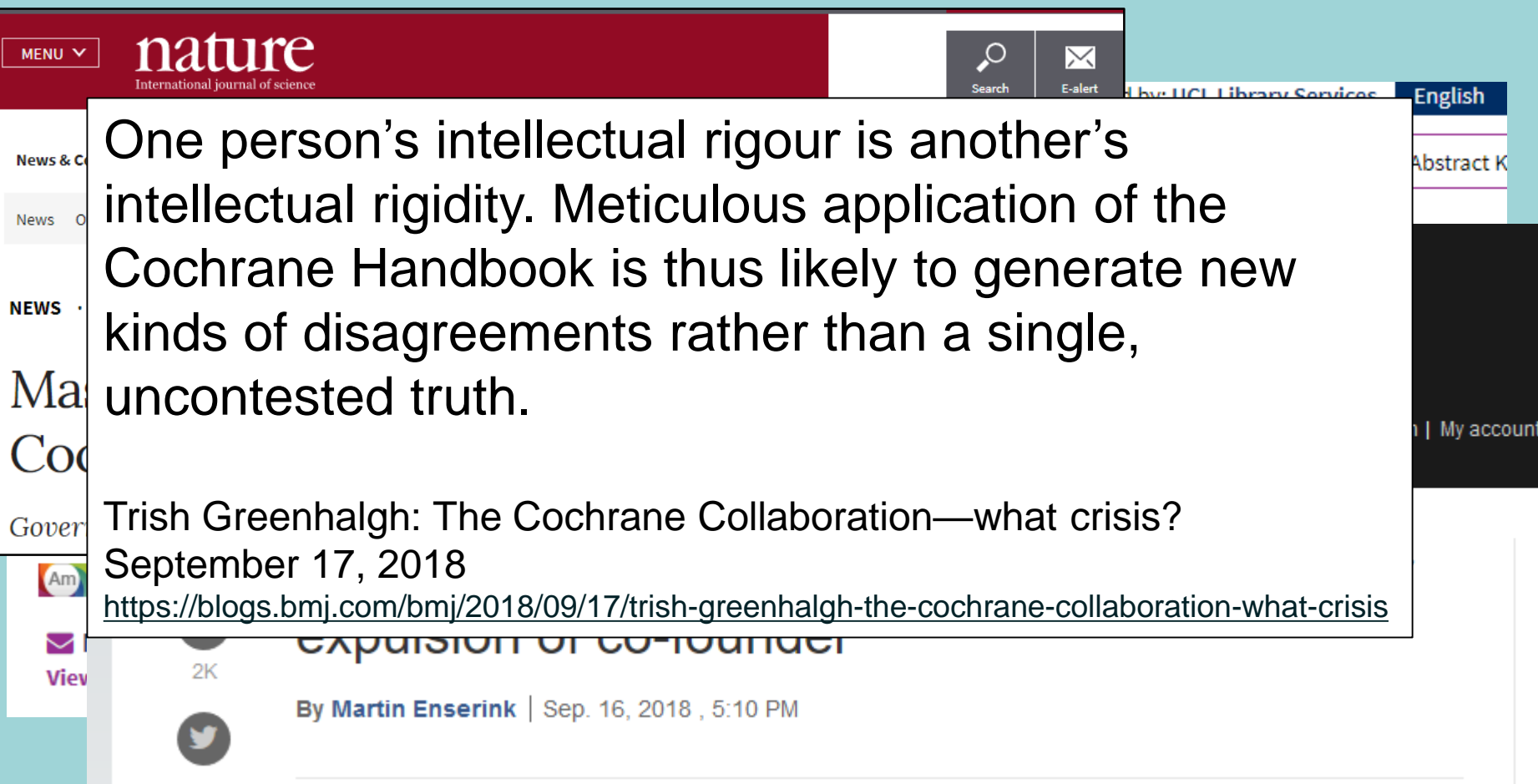
Every tool, even the best ones, has its own limitations.

No single solution can solve *All Problems*, this applies *also to* epistemological problems.

=> All our methods have pros and cons, but we can't know *in advance* how much they will matter.

Blind-Spot #2: predefined methodologies.

Not convinced? Take this review:

A screenshot of a web page from the journal Nature. The page has a dark red header with the 'nature' logo and 'International journal of science' text. A search bar and 'E-alert' button are visible in the top right. A white text box is overlaid on the page, containing a quote and a link to a blog post. The background shows a sidebar with 'NEWS' and 'Ma' 'Coc' 'Gover' and a main content area with a tweet from Martin Enserink.

One person's intellectual rigour is another's intellectual rigidity. Meticulous application of the Cochrane Handbook is thus likely to generate new kinds of disagreements rather than a single, uncontested truth.

Trish Greenhalgh: The Cochrane Collaboration—what crisis?
September 17, 2018
<https://blogs.bmj.com/bmj/2018/09/17/trish-greenhalgh-the-cochrane-collaboration-what-crisis>

expansion of co-founder

By Martin Enserink | Sep. 16, 2018 , 5:10 PM

Blind-Spot #2: predefined methodologies.

1. We all know the solid rationale behind the drive towards fixed, pre-established and detailed protocols.
2. What we could miss is that fixed, pre-established and detailed protocols **must produce blind spots**.

Because we are doing research, we have to accept that it always will boil down to finding a **reasonable compromise** between:

Rigour

Rigidity



Flexibility

Arbitrariness

Is it all doom and gloom?

1. Evidence-Based pipelines are, by default, *reactionary*.
2. We can't even claim to be *objectively* rigorous, because doing so *makes us blind*.

We are here today because:

Countermeasures Exist.

Reducing our blind spots:

Most, if not all, methodological innovation can be framed as the visible effort of reducing our blind spots.

1. Evidence (gap) maps – highlight where research is missing.
2. Meta-ethnographies / qualitative & framework synthesis – attempts to utilise evidence when quantification doesn't work. Improve theory.
3. Public and Patient Involvement / stakeholder engagement. Reduce impact of the “status quo” blind spot.
4. More and more: critical realist reviews, framework synthesis, network meta-analyses, living-reviews, **the list goes on and on...**

We can and should remain (reasonably) flexible and pick or switch methodologies according to what we find. Thank you!