

Given the widening gap between needs and resources in medical care, evidence-based medicine appears to be the best—some would say the sole remaining—means of cutting medical expenditure without impairing the quality or availability of care. As the gap grows wider, increasing demands will be made on the profession to economise by limiting our activities to measures of scientifically proven worth.

People confronting these issues are well aware of all the problems which the introduction of this approach entails. But, whether we like it or not, evidence-based medicine is going to be more and more of a preoccupation in coming years, and an effort to penetrate the practical and theoretical aspects of these questions is unlikely to be wasted.

In this issue of *Acta Oncologica*, Malcolm Maclure, Boston, and Gunnar Steineck, Stockholm, address a number of theoretical aspects of the actual definition of evidence-based medicine.

Mention should also be made of two supplements published recently by *Acta Oncologica*, summarising the re-

sults of a comprehensive study of what is evidence-based in radiation oncology (supplements Nos. 6 and 7, 1996, summarised by Frödin et al. (1) and with comment by Levitt and Leer (2)). These supplements have attracted considerable international interest and are being referred to in scientific and popular-scientific publications, which again serves to show that evidence-based medicine has come to stay and that we should accustom ourselves to the thought of living with these questions in the years ahead.

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REFERENCES

1. Frödin J-E, Jonsson E, Möller T, Werkö L. Radiotherapy in Sweden. A study of present use in relation to the literature and an estimate of future trends. *Acta Oncol* 1996; 8: 967–79.
2. Levitt SH, Leer JW. The role of radiotherapy in Sweden. A landmark study by the Swedish Council on Technology Assessment in Health Care. *Acta Oncol* 1996; 8: 965–6.