



LETTER TO THE EDITOR

**Response to comments on our article
'Evidence-based medicine: 5 steps
to navigate uncertainty'****Respuesta a los comentarios sobre nuestro
artículo «Medicina basada en la evidencia: 5
pasos para navegar en la incertidumbre»**

Dear Editor:

We want to thank our colleagues, Lalinde Fernández and Montalvo Serrano,¹ for their comments regarding our article "Evidence-Based Medicine: Five Steps to Navigate Uncertainty".² The fact that it has stirred an exchange of opinions is, in our view, very positive, as it ultimately reflects the actual purpose of evidence-based medicine (EBM): to stimulate critical thinking and not take anything at face value.

In their letter, our colleagues note that it should fall upon journals and editors to guarantee the methodological validity of published content, so that readers can fully trust what they read. While this is a legitimate demand, the experience accrued over decades of scientific output demonstrates that blind trust in the system is not possible and the reality is far more complicated. The peer review system, while indispensable, is not infallible. It relies on unpaid voluntary reviewers with heterogeneous levels of training and susceptible to confirmation or publication biases or conflicts of interest stemming from relationships with industry or specific publishing groups. None of these limitations invalidate the usefulness of the system, but they make us aware that the results of peer review must be supplemented by the critical reasoning of the reader.

The history of medical literature is rife with examples of articles published in the most prestigious journals that, later on, have been found to have serious methodological limitations or highly questionable interpretations. This is not to say that the system is useless, but that it is not enough to trust it blindly. There are, nonetheless, initiatives by publishers that seek to move one step forward in this regard, for instance, the journal *Evidencias en Pediatría*, whose objective is precisely to offer clinicians already screened

and critically appraised content. Still, even in such cases, nothing can replace the individual critical appraisal of the reader.

This is why, in our article on EBM, we underscore critical appraisal in the third step: *appraising rather than believing*. Far from shifting all responsibility onto the reader or from detracting from the value of editorial work, our intent was to remind readers that the critical judgment of the clinician is the ultimate safeguard against the unavoidable limitations of any publication process. Evidence-based medicine encourages us to recognize that no publication is neutral or infallible and that scientific knowledge must always be interpreted from the perspective of methodological rigor, biological plausibility and clinical applicability. Ultimately, we believe that editorial screening and critical appraisal are complementary, rather than mutually exclusive.

Evidence-based medicine teaches us that publications are never completely faultless, not even those with the highest impact, and that, as clinicians, we have the duty to rigorously appraise what we read before applying it to our practice. Only then will we achieve the objective that we all have in common: to make the best possible decisions for our patients.

Declaration of competing interest

The authors have no conflicts of interest to declare.

References

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