Evidence Based Practice and Expert Judgement in Nursing
Gulen Addis, Faculty of Society and Health, Buckinghamshire New University, London, UNITED KINGDOM

In recent years evidence based medicine has become increasingly influential and has promoted the use of evidence based practice in nursing. The uncritical use of the latter is a cause for concern since its corollary is a tendency to downgrade the importance of expert judgement in nursing. Attempts to imitate standard practice in medicine, particularly randomised control trials, in the area of nursing are potentially problematic. Randomised control trials belong to the category of laboratory based natural science as they deal with statistically verifiable outcomes of particular interventions. Although nursing involves significant medical knowledge it belongs to social rather than natural science with much research being of a qualitative kind. Recognising nursing as social science matters because an unstated presupposition of much evidence based medicine advocacy is that natural science is better than social science and that if social science based fields could resemble natural science rather more in terms of methodology this would represent progress. Such thinking is a legacy of positivist philosophy of science and fails to fully appreciate the complex interdisciplinary of nursing research and practice. The legitimacy of social science research methods in nursing needs to be reasserted through an emphasis on the fundamental limitations on the applicability of randomised control trial methods. The contexts of nursing interventions vary and thus what was effective one in situation may not be so in another and thus expert judgement must continue to have a central role in nursing practice. Furthermore, there is substantial evidence that expert intuition has a notable role in the delivery of effective nursing care. A better understanding of how natural and social science differ would aid many in nursing and healthcare policy to form better agendas for how evidence based practice and expert judgement can work together for the benefit of patients.

An Alternative to the Placebo Concept in Psychotherapy
Sydney Katherine Green, Center for Logic and Analytical Philosophy, KU Leuven, Leuven, BELGIUM

Despite many attempts to create a definition of the placebo concept in psychotherapy that is useful to both theoreticians and practicing clinicians, widespread disagreement persists. As a result, the way in which the term gets used in practice varies wildly from trial to trial, ultimately jeopardizing the results of clinical research. Without a clear standard for how the term should be employed, comparing the results of one placebo- controlled trial to another becomes
problematic, if not completely impossible. This difficulty stems from the fact that the placebo concept was originally developed to explain confounding variables in medical trials. Within this context, the term 'placebo effect' refers to a non-physiological, purely psychological, response to treatment.

However, since psychotherapy relies exclusively on psychological responses, this term cannot be made to fit the needs of psychotherapeutic research. When we continue to use the placebo concept, we are forced either to accept that all of the benefits of psychotherapy can be reduced to placebo effects, or to alter the concept to such an extent that it loses all resemblance to its original use. In response to this problem, I propose moving past the use of the concept altogether, and instead construing these 'confounding variables' as responses to the cultural meaning of therapy. To do this, I build upon the framework of Daniel E. Moerman, expanding his insights in medicine to psychotherapy. I argue that, while the placebo concept confuses and hinders research, re-construing reactions to treatment in terms of meaning response better explains why people undergoing treatment experience these effects, and it clarifies how these effects can and should be controlled for in clinical trials. Through my analysis, I open up new possibilities for constructing clinical trials in a way that guarantees reliable and fruitful results.