

**Inaugural meeting of the Centre for Evidence and Values in Healthcare
University of St Andrews, Parliament Hall, 31/10/25**

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Evidence and Values in Healthcare - why they matter

We were all delighted to welcome a full house of people to our first event - with people at all points in their career and perspectives, working in direct patient care, in policy, in management, academia, teaching, research, and as patients and lay people. The contributions, thoughtfulness, reflections and considerations of all who came made the first event so successful.

Professor Deborah Williamson, Dean of the School of Medicine, welcomed everyone, saying that this was a critical time for evidence and values to be examined - post pandemic, the threats and global changes we are witnessing mean that the role of healthcare is increasingly critical.

In my talk, I described how good intentions in healthcare were not enough. Patients had come to harm through recommendations, devices and drugs that seemed 'logical' yet, when the evidence was eventually found and interrogated, real harm had been done. The commercial influences on health and conflicts of interest meant that priorities were corrupted and patients got badly evidenced and potentially harmful interventions. Basically - unless we are paying attention to the evidence, and clear about when it isn't present, we have no medical authority.

honourable intentions are not enough

things that sound 'good' might not be 'good'

conflicts of interest cause problems

evidence may be deliberately or unintentionally shaped to mislead

commercial determinants shape what we do and why

we make hundreds of decisions every day - can the systems we work in support us to help make them as 'good' as they can be?

We were delighted to mention Karen Titchener, Scotland's first Patient Safety Commissioner. She explained what her role is, and how she will operate; she emphasised how patient safety is best done via safer systems, listening to patients, and openness and transparency. Patient safety is a key theme of the Centre for Evidence and Values and we hope to work further with Karen in the coming years.

ROLE OF THE PATIENT SAFETY COMMISSIONER

Independent Patient Voice

Responsibilities:-

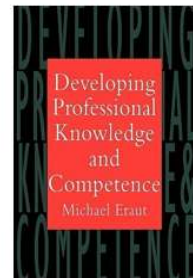
- Listen and advocate
- Oversee investigations
- Report to parliament
- Collaborate with NHS boards and regulators

Purpose of the role

- Amplify the voice of patients — ensuring their safety concerns are heard and taken seriously.
- Promote system-wide learning from safety issues across health services.
- Advocate for safer use of medicines and medical devices.
- Encourage a culture of openness and transparency in patient safety matters.

Professor Frank Sullivan, chair of primary care medicine, described the 'ordinary' massive amount of medicine in 'routine' 'everyday' general practice surgery; sore throats are never simple and contain a mass of considerations, from evidence based practice, referral dilemmas, impact of antibiotics in the individual and population, expectations, other 'hidden agendas' and the importance of relationships. He described autonomy, mastery and purpose as integral components of professional practice. What seems 'minor' as a description of a consultation is not. Instead, each consultation is complex and nuanced. If we do not account for this, we will serve our patients, and ourselves, badly. A brilliant reminder of the importance of why we need professionalism.

Professional Practice



- **Autonomy**

- having some control over your what you do;

- **Mastery**

- being good at what you do and being valued for that

- **Purpose**

- the sense of moving towards some longer term aim in the company of others.

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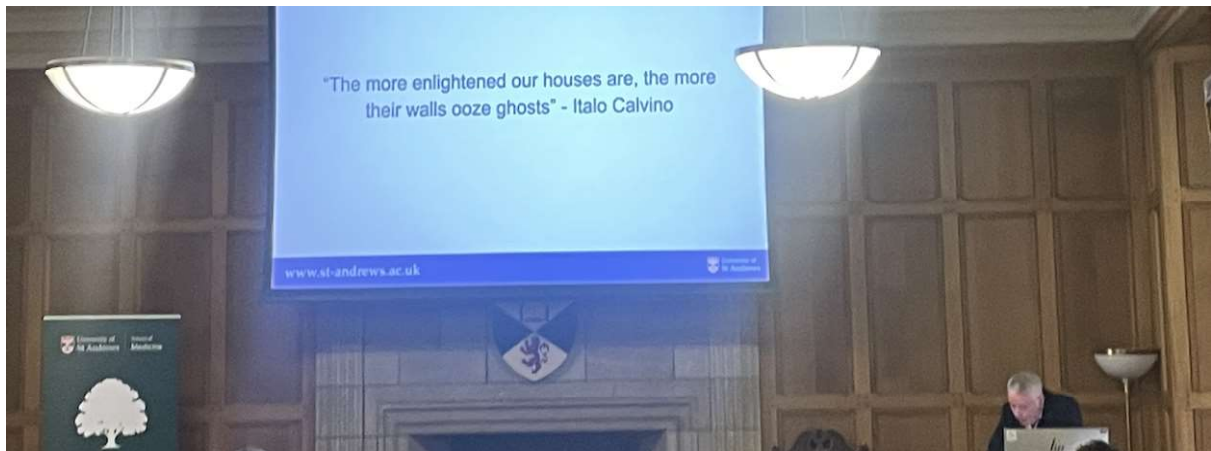
Dr Joseph Millum, bioethicist and senior lecturer in philosophy made us think hard about 'values' and how evaluative terms differ from descriptive ones. He introduced us to the idea of 'thick' concepts, which are descriptive *and* evaluative - for instance, 'greedy,' or 'significant.' This was fantastic as an eye opening jolt into what we can be doing without, perhaps, even realising it.

A presentation slide titled 'Summary' with a list of four bullet points. To the right of the text is an icon of a scale of justice. The slide has a light blue background with a decorative orange arrow pointing right at the top left.

- Values give us reasons for action
- Value judgments are ubiquitous in medicine
- They are different in kind than descriptive judgments
- We should aim to identify them, critically assess them, and improve them

Professor Kevin Orr, chair of leadership and governance, gave the audience a hugely valuable perspective - observing the health service from 'outside', with the 'ghosts in the machine' - why the NHS functions as it does while reflecting what has happened in previous policies and administrations. The wider decision making, politics, management choices and

previous enquiries mean that we are not just dealing with 'today' but a legacy of an institution. This was eye opening, and with illuminating literary references.



The workshops featured small groups talking about a wide variety of topics and reporting back, including ways to stop overlooking women's health needs; reducing commercial interests in medical education; how to make healthcare more equitable or the role of AI in future healthcare. Discussion revolved around the complexity of the problems, how the ghosts from the past have and still influence them, and the role of different stakeholders in finding solutions. We will be analysing the themes from this in the coming weeks and use this to help plan future work.

Finally, Sir David Haslam, a legend of UK healthcare, took the floor saying *"I am honoured to be part of the Inaugural event, after all, evidence and values are, or at least they should be, absolutely central"*. David talked reflectively about values and evidence in a perspective which took account of his knowledge over his career - as chair of National Institute for Health and Care Excellence, the Royal College of GPs, and president of the BMA. He encouraged us to think about trust, relationships, using 'guidelines not tramlines', and ways to organise healthcare to bring the highest quality values to patients.

I always think it's a good sign when people are slow to leave because they are talking so much, and they were. I hope that everyone enjoyed today as much as the CEVH team.

Feedback from delegates:

"It was one of the best things I've been to in years. Properly multidisciplinary, engaged, enthusiastic and thoughtful attenders, great speakers, a lovely venue and lunch, and it was sold out" (Delegate - GP)

"I left feeling inspired by all the amazing speakers, and I'm grateful for the many thoughtful conversations and connections the event made possible" (Delegate - Policy maker)

"A particular highlight for me was the workshop session.....the exchange of ideas among participants from such varied disciplines truly embodied the spirit of collaboration that the conference aimed to promote." (Delegate - PPI contributor and student)

Our next event will be on February 5th: save the date!

Screening -it's complicated.

The science, evidence and practice of screening for disease

Come and discuss the complexities and controversies of screening, dilemmas and politics - from newborn testing to prostate cancer. When is screening useful, harmful, or cost effective - and how is what the NHS does decided?

Sign up to our mailing list here and we will let you know when it is open for booking.

<https://medicine.st-andrews.ac.uk/centreforevidenceandvalues/>