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Editorial – When to use Google for health queries?

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A discussion of the usefulness of search engines (e.g. Google) and online databases (e.g. Medline) in providing evidence-based answers to healthcare questions.

A recent e-mail discussion thread¹ explored the relative benefits of using Google or online databases such as Medline to answer health queries. The thread was triggered by a report of an academic advising health students and healthcare practitioners to use Google for evidence-based practice. This resulted in a flurry of postings, with views on either side of the question, plus interesting

spelling mistakes. It is particularly useful for finding grey literature, which is not usually covered by online databases. However, Google goes for quantity rather than quality. The sensitivity/specificity of its results are unknown. Sources are not quality assessed, and its peer-ranking approach is not good at handling sources such as journal articles which tend not to be linked to by many

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digressions into related topics. The topics raised in the thread can be broadly categorised as follows.

Google has a number of positive characteristics. It has a simple, easy-to-use search interface that rapidly produces relevant answers. It is particularly useful for phrase searching, e.g. looking for a known publication. It can even be used to phrase search the PubMed (Medline) database. It can deal with English and American spelling variations and

other Web sites. Other search engines are also available that are now rivalling Google for supremacy, e.g. generic search engines like Dogpile <www.dogpile.co.uk> and Yahoo

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<www.yahoo.com/> and science-specific search engines like Scirus <www.scirus.com/srsapp/>.

It's 'horses for courses'. For a busy practitioner, the preferred routes to finding an answer to a health problem are asking a colleague, and then

A metasearch interface across a range of database sources would be popular.

Google or a similar search engine not Medline. Medline is more demanding of time to construct a search strategy and to use the complex search function. Students are also likely to take the easy Google route, unless encouraged to use databases by their lecturers. Medline is of far more relevance to researchers. However, there are downsides to using what is available and convenient rather than what is best, particularly when it comes to providing evidence-based healthcare. People need to know what source is best to use in a given context, and they need the search

skills to be able to use their selected source to best effect.

Other databases that offer evaluated, summarised information for evidence-based practice, or which search across a number of primary sources simultaneously

(meta-searching) should be promoted. These offer a more useful first port of call than either Google (with its mixed quality responses) or Medline (with its complexity). Examples of free databases that evaluate and summarise evidence are: Bandolier <www.jr2.ox.ac.uk/bandolier/index.html>; Centre for Reviews and Dissemination (CRD) databases <www.york.ac.uk/inst/crd/crddbases.htm>; Clinical Evidence <www.clinicalevidence.com/ceweb/conditions/index.jsp>; Cochrane Library <www.nelh.nhs.uk/cochrane.asp>. There are also sub-

scription databases, e.g. ACP Journal Club <www.acpj.org/index.html>; DynaMed <www.DynamicMedical.com>; PIER: The Physicians' Information and Education Resource <<http://pier.acponline.org/index.html>>; Poems (Patient-Orientated Evidence that Matters) <www.infopoems.com>; and UpToDate <<http://www.uptodate.com/index.asp>>. Examples of metasearch databases are: Primary Care Electronic Library <www.pcel.info>; SUMSearch <<http://sumsearch.uthscsa.edu>>; and TRIP Database <www.tripdatabase.com>.

An enormous amount of time is spent by individual clinicians searching for answers to queries. It would be more efficient to provide a query-answering service, staffed by information specialists. The answers, plus the search strategy, could also be saved for re-use. ATTRACT <www.attract.wales.nhs.uk> is an example of such a service. The query-answering service is only available for GPs in Wales. However, completed answers to questions are available for free on their Web site. A similar, subscription service in the US is the Family Practice Inquiries Network (FPIN) <www.fpin.org>. However, there are problems of scale in making such a service available across the UK and with a database of sufficient pre-answered questions capable of dealing with a significant proportion of the hundreds and thousands of questions that could potentially be asked. CRD provides a list of all UK local services <www.york.ac.uk/inst/crd/em51a.htm>. Another useful source of information that could be added to the answers database are Pearls – short, practical medical tips <www.postgradmed.com/pearls.htm>.

Providers of databases and library catalogues could learn lessons from Google in how to design simple, user-friendly search interfaces. A metasearch interface across a range of database sources would be popular. Results could be presented in a single list, weighted for relevance, with the options to sort results by source, and to search individual databases directly if required. Direct access to full text or document delivery could also be provided.

Reference

1. 'Google better than Medline?': discussion thread in the e-mail lists *Evidence-based-health* and *Evidence-based-libraries*, September 2004. <www.jiscmail.ac.uk>.

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