



Le Petit Journal du Congrès

LE QUOTIDIEN DU MEDECIN

Session of the day

Is EBM a thing of the past?

For a long time, evidence-based medicine (EBM) has been considered the gold standard for guiding medical decisions. But hasn't this concept become too rigid in the face of today's challenges? Dr. Trish Greenhald and Dr. Alexandre Gouveia will discuss this fascinating topic this afternoon. When developing recommendations, clinical studies—preferably randomized, double-blind trials—are considered to provide the highest level of evidence. But is it always possible to proceed in this way? Some situations are too rare or too specific to have robust trials available. In some cases, it may even be ethically impossible to conduct a randomized trial. And can this kind of methodology be applied when discussing prognosis or prevention? The topic will be discussed this afternoon. Important note: In this debate, each par-



ticipant adopts a position that has been defined in advance and agreed upon by all, and which therefore does not necessarily reflect their personal views in all their nuances.

In fact, some do not mince words: "Evidence-based medicine is dead," declares Dr. Trish Greenhald, a professor of primary care science at the University of Oxford and one of the two debaters. "Evidence-based medicine in and of itself is not without value, he continues, but it has begun to dominate

thinking in an unhealthy and counterproductive way. For example, when someone thinks it is 'rigorous' to conduct a randomized study on empathy during primary care consultations, one could say that the very idea of the proper use of evidence-based medicine is dead."

His opponent, Dr. Alexandre Gouveia (a general practitioner in Switzerland and Portugal), will instead argue that evidence-based medicine "remains indispensable in a context where scientific output has become immense and difficult to grasp without a rigorous method." In an era marked by misinformation and the rapid circulation of content of highly variable quality, "the framework provided by evidence-based medicine remains a major step forward in supporting critical, transparent medical practice grounded in the best available data."

4:30 pm - 5:00 pm, amphibléu

Around Europe

In Spain, placing simulation at the heart of primary care

The SIMULA semFYC project is a Spanish national simulation-based training programme. Its goal is to support healthcare professionals and students across the country, particularly in the field of primary care.

Using a variety of scenarios, the programme addresses many situations that professionals may encounter in their daily practice. "For example, we've developed a scenario focused on managing a heart attack. We can also work on empathy, communication, and the doctor-patient relationship," explains Dr. Juan Antonio López Rodríguez. These programs combine clinical simulation, artificial intelligence, and pedagogical expertise. "The goal is not simply to create a technological tool, but to offer a training environment designed by and for primary care healthcare professionals," adds the doctor.

For Dr. Juan Antonio López Rodríguez, "simulation can help improve medical training, much like the simulators used in aviation, provided it is used responsibly, under clinical supervision, and with a clearly defined educational objective."

1:45 pm - 2:45 pm, room 342A



Put on your sneakers!



Follow the same advice we give our patients: a brisk walk to start the day off right! Already this Wednesday morning, participants set out on the 6-kilometer "Between Two Lakes" route to explore the Bois de Boulogne. A new session, "Chic Paris," is scheduled for tomorrow. Six kilometers that will take you through the romantic Parc Monceau (a gem dating back to 1769 with its colonnades, statues, and an Egyptian pyramid), past the Arc de Triomphe and Avenue Hoche, before returning via Avenue de la Grande-Armée. Meet at 6:45 am in front of the main entrance to the Palais des Congrès.

The choice of the « Quotidien »

• Organisation of Care - Exercise

Being a doctor with a disability

In the medical imagination, a doctor is someone who provides care, not someone with a visible disability. This persistent perception creates an additional barrier for people with disabilities who have chosen to pursue a career in medicine. In a qualitative study, 17 French doctors with various types of disabilities (motor, sensory, or dermatological) agreed to share their stories. This study identifies four major trends experienced by these doctors during their training: stigmatization; medical institutions that are often ill-equipped to accommodate them; the development of coping strategies, at the cost of constant mental strain; and their entry into practice, experienced as an achievement that shatters the stereotypes associated with the traditional image of the doctor.

8:00 am - 9:00 am, room 252B

• Technologies

Should we be wary of AI for preliminary diagnoses?

As the use of chatbots to guide patients prior to a telemedicine consultation becomes increasingly common, two French general practitioners surveyed 223 colleagues and 249 patients to find out how they viewed this use of artificial intelligence (AI) in pre-diagnosis. Both doctors and patients view the use of such chatbots with optimism and confidence, while placing great importance on the human aspect of care, even during telemedicine consultations. A majority of doctors stated their intention to use them. Nevertheless, guarantees regarding liability, integrity, and security must be provided to mitigate the risks currently perceived.

11:30 am - 12:30 pm, room 252B

• Prevention and Care

Treating Acne in People with Dark Skin

What does the literature say about the management of mild to moderate acne in people with dark skin? This common condition is often associated with post-inflammatory hyperpigmentation in people with dark skin types (Fitzpatrick types IV to VI), but treatment options have been little explored. Only a few low-quality studies provide guidance on treatment with retinoids, azelaic acid, and combinations including benzoyl peroxide. More broadly, the absence of high-quality studies prevents the conduct of a meaningful meta-analysis.

1:45 pm - 2:45 pm, room 243

• Training

Working independently motivates interns

Among residents, the quality of supervision directly influences motivation. A study of 918 French residents shows that a supervising physician (MSU) who encourages autonomy is associated with stronger, more sustained motivation among residents, as well as a greater focus on learning. Using two questionnaires (LCQ and SDI), the authors identified a significant positive correlation between support for autonomy and motivation. The highest levels are observed in general medicine, pediatrics, and oncology, as well as in outpatient settings. These results underscore the importance of supervision that empowers the intern, fosters their commitment, and contributes to their well-being. Training clinical supervisors in these practices could be a major lever for improving the quality of clinical rotations and the attractiveness of the profession.

1:45 pm - 2:45 pm, room Maillot

• Environmental Health

Carbon footprint: What do patients think?

There are many ways to estimate, at least roughly, the carbon footprint of one's leisure activities or housing. The task is less straightforward when it comes to healthcare, and it is by no means certain that patients are interested in this. Researchers at the University of Paris-Est Créteil conducted a quantitative study based on interviews with a panel of patients. It has revealed an emerging but "fragmented" awareness. While the patients surveyed demonstrate a good understanding of the environmental impact of medications and their disposal, the impact associated with their manufacturing remains largely overlooked. There are also tensions between their perception of individual responsibility and a more collective view of the system as a whole. These findings should be taken into account in future discussions on the sustainability of healthcare systems.

5:10 pm - 6:10 pm, amphi Bordeaux

• GUEST



Dr Éloïse Ralite
general practitioner,
Aubagne

Medical Education Session

9:15 am - 10:15 am, room 243

The study you are presenting today shows a significant increase in the appeal of general practice among French students since 2004. How can this be explained?

There has indeed been a rise in the appeal of general practice, although this varies greatly from one town to another. One possible explanation is that students are being told more and more about this specialty during their studies. Furthermore, general practitioners are no longer necessarily isolated in their own practices and can now work as salaried staff, in hospitals, in health centres, or in private practice... There is a degree of freedom that other specialties do not offer.

The rate of unfilled positions has fallen from 33.1 per cent to 1.5 per cent. Is this the main factor driving its appeal?

Not solely, as this also reflects changes in government policy and a reduction in the number of positions. The most significant factor is that students choosing general practice are achieving increasingly higher entrance exam scores. It has become a specialty of choice rather than a default option.

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