Abstract

In the field of education in Japan, we will look back from the second half of the present decade at 2010 as being the year when ‘evidence’ was first introduced. In medicine, the mid-1990 saw the introduction of evidence-based medicine (EBM) to Japan. That did not meet with such a smooth acceptance as it may have appeared to outside observers. In order to avoid repeating the same mistakes, it is important to analyze what happened there, correct several misunderstandings, and think in advance about how to deal with the problems that may arise.

This paper will first elucidate the substance and the significance of ‘evidence’, by looking at what the ‘three fathers of EBM’, the three people who were involved in the creation of the worldwide EBM movement, constructed.

Secondly, we will look at the birth of EBM and Cochrane Collaboration, and their introduction in to Japan, explaining how EBM arrived here amid confusion about the distinction between EMB itself and Cochrane Collaboration project associated with it.

Third, we will look at troubles with the clinical practice guidelines (CPG) and the Japan Medical Association (JMA). We will examine a case where a plan to establish a government EBM information center, where CPG, which are one of the concrete outcome to arise from EBM, were to be listed, ran into problems in 1999 due to the gap between the Ministry of Health project and JMA. We will note the importance of identifying and dealing appropriately and at an early stage with the stakeholders involved in ‘evidence’.

Fourth, we come to the ethics of RCTs in education, taking up the issue of ethical concerns as one of the potential sources of trouble in the education domain. We understand the structure of the difference for the teacher between the meaning of day to day education and clinical trials, by analogy with the difference for the doctor between the meaning of day to day healthcare and clinical trials. I propose setting up a working group centered on the National Institute for Educational Policy Research, to study research ethics in education and draft guidelines in this domain.

With all technology transfer, it is important to understand the social and cultural factors of the locality, and adapt accordingly. The lessons learned from the domain of medicine in Japan can be used in education, and help us to achieve a stress-free transfer of technology.