The left column is Sackett et al.'s (1996, p. 71) description of evidence based medicine. The right hand column is a transposition of Sackett et al.'s description into the domain of design.

Evidence based medicine

"Evidence based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. The practice of evidence based medicine means integrating individual clinical expertise with the best available external clinical evidence from systematic research. By individual clinical expertise we mean the proficiency and judgment that individual clinicians acquire through clinical experience and clinical practice."

"Increased expertise is reflected in many ways, but especially in more effective and efficient diagnosis and in the more thoughtful identification and compassionate use of individual patients' predicaments, rights, and preferences in making clinical decisions about their care. By best available external clinical evidence we mean clinically relevant research, often from the basic sciences of medicine, but especially from patient centred clinical research into the accuracy and precision of diagnostic tests (including the clinical examination), the power of prognostic markers, and the efficacy and safety of therapeutic, rehabilitative, and preventive regimens."

"External clinical evidence both invalidates previously accepted diagnostic tests and treatments and replaces them with new ones that are more powerful, more accurate, more efficacious, and safer." (Sackett , 1996, p. 71)

Evidence based design

Evidence based design is the conscientious, explicit, and judicious use of current best evidence in making decisions about solving design problems for their stakeholders. The practice of evidence based design means integrating individual design expertise with the best available external evidence from systematic research. By individual design expertise we mean the proficiency and judgment that individual designers acquire through design experience and design practice.

Increased expertise is reflected in many ways, but especially in more effective and efficient problem finding and framing and in the more thoughtful identification and compassionate use of individual stakeholder's predicaments, rights, and preferences in making design decisions about their design problems. By best available external design evidence we mean design relevant research, often from the basic sciences of design, but especially from stakeholder centred design research into the accuracy and precision of problem finding and framing methods (including design anthropology and participatory design), the power of indicators of design problems, and the efficacy and safety of using design methods for solving, rehabilitating, and preventing design problems.

External design evidence both invalidates previously accepted problem framing tests and solutions and replaces them with new ones that are more powerful, more accurate, more efficacious, and safer.

Sackett, D. L., Rosenberg, W. M. C., Gray, J. A. M., Haynes, R. B., & Richardson, W. S. (1996). Evidence based medicine: what it is and what it isn't. British Medical Journal, 312(7023), 71-72.