The Concept of "Best Practice": A brief overview of its meanings, scope, uses, and shortcomings

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The Concept of "Best Practice":

A Brief Overview of Its Meanings, Scope, Usage, and Shortcomings

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Abstract

"Best practice" has multiple meanings and particularistic connotations which often remain unexamined or poorly understood by its users. Despite this, it has gained prominence and widespread usage in many fields of endeavor, including virtually all human service areas. We examine the usage of "best practice" and related terms and concepts, and identify some reasons why this usage should be more judicious, if not curtailed altogether.

"Best practice" is a currently very popular piece of jargon in the English-speaking world, used (and misused) pervasively in a vast array of disciplines, ranging from humanoid robotics to human services. Yet this apparently simple concept is deceptively slippery, laden with surplus meaning. Though we have seen critiques of its use in specific fields, the scope and pattern of its usage across the board has seldom been analyzed.

A Brief History of the Concept of "Best Practice"

While human beings as far back as Adam and Eve have probably held notions about the best way to do whatever needed doing, it was apparently not until circa the turn of the 20th century that the idea began to be systematically studied and enunciated. In the US, this was done originally by F. W. Taylor, a management consultant who sought the "one best way" of improving efficiency of production in industrial settings (Kanigel, 2007; Taylor, 1911). His efforts led to practical applications of efficiency research, e.g., time and motion studies, to designs of factories, layouts of specific work areas and work processes, development of specialized machinery, tools, and other manufacturing equipment, and establishment of production quotas. Many of these efficiency applications, controversial and resisted initially, are today bedrock management principles of industry, which is now permeated with profit-oriented "best practices" or "benchmarks," as well as with the less desirable workplace by-products of these, including massive labor out-sourcing, reductions in workforce, and plant shutdowns and closings.

Though already by the early 1900s, industrial and manufacturing interests were systematically applying the concept of a best way to achieve desired results, the term "best practice" in reference to this applied concept was apparently not coined until much later. The

earliest written references to it that we could find are from the 1960s in the business and

financial management fields (Campfield, 1960; Smith, 1966), and from the 1970s in

manufacturing (Gregory & James, 1973), although discourse in those fields likely employed the

term before it was actually written about. Thus, while industry apparently pioneered the idea of

the "one best way," it may or may not have been the first to use the term "best practice,"

although it certainly does so now.

Despite elusive origins, once the term was coined, its use quickly became widespread. This

is probably because "best practice" is an elegantly simple and appealing phrase that seems to

have generic application to all human endeavors. It was in heavy usage in many different fields

by the early 1970s, and continues to be so in the jargon of such diverse professions as science

and technology, construction, test marketing, transportation, business management, urban

planning, banking, human resources, engineering, accounting, insurance, and many others. It has

clearly taken hold in human service fields where "best practice" usage is prominent in mental

illness, substance abuse, dysfunctional families, physical impairment, aging, child development,

child welfare, adoption, and foster care, to name a few. In mental retardation, it caught on like

wildfire in the 1980s, starting most probably in "special education." For example, in our own

experience at that time, talk about "best practice" became very prominent within TASH

(formerly known as "The Association for the Severely Handicapped") circles. "Best practices"

related items appeared often in TASH publications over the years, and in other mental retardation

publications (for a few examples, see "Abstracts of best practices reports," 1989; Snell &

Lorhmann, 2007; Trader, 2007; TASH Strategic Plan, 2007-2010). One of the best of these is by

Peters and Heron (1993), which provides, among other things, an overview of the "best practice"

concept in "special education." Their comment that "Historical accounts of best practice usage in the special education literature are not easily traced . . ." (p.372) seems equally applicable to all other fields where the term crops up so frequently.

While "best practice" is the general term, common variants are "promising practices," "evidence-based practice," "science-based practice," "good practices," "better practice," and the appealingly modest "probably effective practices." Another is "best outcomes," which is probably what early 20th century originators of the "one best way" idea were really trying to get at. As well, quite a few definitions and descriptions of "best practice" have been put forward in the literature. We can classify these into broad generic, field-specific, and technique-specific uses. Each category is briefly explained below with illustrative samples.

<p align="center">An Analysis of the Concept and Term "Best Practice"</p>

We now commence an analysis of the concept and term "best practice."

<p align="center">Some Important Distinctions</p>

In looking at both the term and concept of "best practice," we distinguish between five interrelated elements: (1) the abstract *concept* represented by the term, in this case the idea that there is or should be a best particular way of doing something; (2) the *term* (i.e., "best practice") as a way of communicating this notion; (3) *definition(s)* of what the term ("best practice") means; (4) the explication of the concept's *action implications*; and (5) the *actualization* of the concept, i.e., putting whatever practice is considered best into concrete action. Any one of these elements could be the basis for a brief essay. For example, explicating the *actualization* of a best practice could include further elaborations about its value, quality of implementation, effectiveness, outcome, and actualizers' proficiency. While it is important to be clear about these

distinctions in order to avoid confusions in designating, doing, or evaluating a "best practice,"

only a few people will do so. As an example, think of the farmer who wants to "farm as close to

nature as possible." He has often heard of the idea called "organic farming" as a "best practice."

In his study of this idea, he finds that there are quite a few definitions of organic farming, and all

imply using natural fertilizers and means to control pests. The farmer decides to carry out his

concept of organic farming by using only hand-powered or horse-powered tools and machinery,

rotating crops of soybeans, tomatoes, and corn, and never using chemical pesticides or synthetic

fertilizers. And, he then calls what he is doing "organic farming." Probably most organic farmers

would actually go through the process of making these distinctions quite consciously. However,

the same is not necessarily true of many people who simply adopt discourse about "best

practice" without analysis or reference to how it is defined.

<u>Broad Generic Concepts of "Best Practice"</u>

Some definitions of "best practice" are meant to apply broadly, across the boundaries of

fields, disciplines, and countries. For example:

"Best practices can be inclusive of both evidence-based and value-based practices. Best

practices are empirically based practices that have impacted recovery outcome variables and that

have been tested in a variety of geographical settings with a diversity of populations. Best

practices also are value-based practices that have recovery values underlying the practice; the

values should be able to be described and measured" (Farkas & Anthony, 2006). This definition

seems to be a little on the arcane side.

"Best Practices are examples of outstanding contributions to improving the living

environment. They are defined by the United Nations and the international community at large as

successful initiatives which: have a demonstrable and tangible impact on improving people's quality of life; are the result of effective partnerships between the public, private and civic sectors of society; are socially, culturally, economically and environmentally sustainable. (United Nations Educational, Scientific, and Cultural Organization, n. d.). This definition is a peculiar mixture of concerns with outcomes, and with politically correct processes.

"The term needs to be understood as one that applies at the level of general principles; actual implementation takes place according to the specific teaching and learning context that confronts the practitioner. . . . Use of the term 'best practice' differs between professions. What is a 'best practice' depends on the context under consideration, and its principles will need to be customized based on the specific context in which they will be used. 'Best practice' could be considered the use of 'good practice' in a specific context" (Commonwealth of Learning, 2004). This explanation may be true, but is it informative?

"In February 1997, NPR published the Benchmarking Study Report Best Practices in Customer-Driven Strategic Planning, which documents and details the in-depth processes and approaches of those best-in-class organizations that excel at incorporating their customers' needs and expectations into their strategic planning processes. This study provided public and private leaders and managers with world-class practices and formulas for success in developing and deploying agency strategic plans and goals" (National Performance Review, 1997, Executive Summary, ¶ 3). Does pleasing a "customer" define a "best practice"?

<u>Field-Specific Concepts of "Best Practice"</u>

Many "best practice" descriptions and usages are specific to particular fields, or to narrow aspects of such fields, as in these samples.

Health care. "As it relates to program delivery in the field of health care, the idea of 'best practice' has ranged from simply publishing particular practices under the rubric of 'best' . . . to engaging in a systematic identification of what would constitute 'best' within a particular health issue or practice area, …to a rigorous research-based investigation to identify evidence associated with particular practices" (Varcoe, 1998)

Agriculture. "EFMA co-operated with IFA (the International Fertilizer Industry Association) to produce a Code of Best Agricultural Practices aimed at contributing to the development of agricultural systems which are both environmentally and economically sustainable." (European Fertilizer Manufacturers Association, 2008).

Mining. "What is Best Practice? Best practice can simply be explained as 'the best way of doing things.' Best practice environmental management in mining demands a continuing, integrated process through all phases of a resource project from the initial exploration to construction, operation and closure" (Commonwealth of Australia, 2002).

Website Design. "So what are the best practices for designing navigation systems for architectures based on faceted classification? The examples below are pretty good. Each one offers users control of their experience while working around the basic limitations of browser technology" (Veen, 2002).

Scuba Retailing. "CORE...the Council On Retail Excellence….conducts surveys to identify and honor a small number of dive shops that stand as examples of the very best practices in our profession" (Rogue Scuba, 2008).

Configuration Management. "Some insist that the whole notion of a best practice is that it

defines THE BEST way to do something….To me that seems absurd….There are many "best"

practices to choose from..." (Egan, 2004).

Substance Abuse. "The Treatment Improvement Protocols (TIPs) are best practice

guidelines for the treatment of substance abuse" (Center for Substance Abuse Treatment, 2007).

Supported Employment. "The guide includes these employment support topics identified

through best practice research, nominated success stories, and Steering Committee

input . . ." (Stevens and Ibanez, 2002).

The above discourse seems very slippery, and also implies that today's "best practice"

might become tomorrow's horror story.

<center>Technique-Specific Concepts of "Best Practice"</center>

This category comprises "best practice" specifications in narrow areas (e.g., applying a

treatment, conducting an activity, establishing a desired scenario)--far too many of these to list

here. There are even "best practice kits," such as the ADA (Americans with Disabilities Act) Best

Practices Tool Kit for State and Local Governments (see Department of Justice, 2007). Often, the

"best practices" for doing a certain thing are spelled out in the absence of any claim that the thing

itself is a "best practice." Further, technique-specific "best practices" may be identified for

certain human service approaches which are themselves quite questionable or otherwise

devalorizing. For example, there are "best practices" for pet-centered therapy and application of

restraints. The implication is that it is okay to do weird or harmful things to people, as long as

they are done according to the "best practices" for doing them. We would not be surprised to

learn that there are best practices for torturing people or giving them lethal injections. Here is a

minute sampling of the many areas in which technique-specific "best practices" exist.

- Treating obsessive-compulsive disorder (DeAngelis, 2008).

- Auto refinishing safety (US Environmental Protection Agency, 2008).

- Building humanoid robotics (internet.com, 2001).

- Becoming pregnant by *in vitro* fertilization (Charlesworth, 2004).

- Ministering a Roman Catholic parish (ePriest.com, no date).

- Injecting people with needles (Hutin, Y., et al., 2003).

- Fertilizing citrus trees (Gardening Know How, no date).

- Reducing health care waste (Global Environment Facility, 2005).

- Reclaiming soil toxified by dioxin (Michniewicz, Webb, and Cueno, 2002).

- Seeding clouds (Wyoming Water Development Commission, 2004).

- Autism identification (Autism Identification, 2009).

- Constructing concrete sidewalks (Rajani, 2002).

- Teaching on-line (Tennessee Board Of Regents, 2005).

- Feeding birds (Plant, no date).

- Implementing self-determination (Center for Self-Determination, 2007).

- Using digital cameras (The INFO Project, no date).

- Interviewing (Poskey, no date).

- Exhibiting exemplary human resources policies (Hannagan, 2008, October 17).

- Making wine (Wine Council of Ontario, 2007).

- Recycling (Kinsella, and Gertman, 2007).

- Flashing a roof (Best Practices: Roof Flashing Guidelines, no date).

- Training detector dog teams (Draft best practice guidelines for detector dog teams, no date).

- Maintaining a swimming pool (San Mateo Countywide Stormwater Pollution Prevention

  Program, no date).

- Hang gliding (Hang Gliding Federation of Australia, 2008).

- Motorcycling safely (CTC & Associates LLC WisDOT RD&T Program, 2004).

- Maintaining cemetery lawns (Chicora Foundation, Inc., no date).

- Teaching mentally retarded persons to read (Ministry of Education and Training, 1998).

- Educating students with severe handicaps (Williams, Fox, Thousand, & Fox, 1990)

- Determining Social Security eligibility of mentally retarded persons (Reschly, Myers, &

  Hartel, 2002)).

- Using restraints in mental health settings (DPW/Office of Mental Health and Substance Abuse

  Services, 2000).

- Helping "high-need" schools include children with disabilities (Farrell, 2007).

- Processing pasteurized milk products (National Center for Food Safety & Technology, 2000).

- Transforming the world (Van Biema, August 7, 2008).

    If space permitted, we could give many more examples in each of the above categories.

Four Discernible Patterns to "Best Practice" Discourse

    As is already apparent from the above, people tend to use or apply the term "best practice"

in diverse ways, often without regard to a commonly understood definition of what they mean by

it. There are at least four noticeable patterns of usage that have particular relevance to human

service in general, and three of these are misleading and erroneous, as described below.

1. Initially, the idea of a "best practice" was tied to the notion of "evidence-based practice." That is, something would only be called a "best practice" if a solid body of evidence (not just a single study) demonstrated that the practice ranked at or near the top of effective measures. This notion of "best practice" did not last long. It was quickly hijacked by the other three developments.

2. The appellation of "best practice" ascribed to some approaches has nothing to do with "evidence" of their worth. In fact, the "best practice" may be contrary to evidence, so that there is a disconnect between the evidence and claims of "best practice." A "best practice" assertion may be made solely based on whatever a certain ideology holds to be desirable--for instance, within the self-determination and self-advocacy ideology, the promotion of self-determination was hailed as a "best practice." Within the facilitated communication ideology, the magic touch to a person's hand or arm while the person sat before a communications device or key board became a "best practice." Evidence was not considered relevant. In fact, it might be systematically delegitimized, as when negative evidence of facilitated communication is declared to be "positivist,' and positivism is declared--almost with a sneer--to be irrelevant. In essence, this delegitimizes the scientific method, and makes a service practice unfalsifiable (e.g., Biklen & Duchan, 1994). To the Western AIDS industry, nothing has been a better practice than condom use, even in the face of massive failure, and of vastly better results with other strategies. In such cases, one can expect an entire culture of deception to take over that misinterprets or denies contrary evidence, reinterprets evidence of failure of the condom strategy as success, or at least fails to report contrary evidence (Green & Ruark, 2008).

3. Whatever people do--and often, had been doing all along--is blandly declared to be a "best practice." One might call this "retroactive attribution," a kind of grandfathering allowance for such claims. For instance, at conferences, there might be symposia entitled "best practices" that cover what might have been covered under any number of other headings, such as a day-long Young Adult Institute symposium on health care entitled "Best Practices Autism Spectrum Disorders" (see YAI/National Institute for People with Disabilities Network, 2008). The titles of the four contributions were in no way distinguishable from those of innumerable comparable conferences. This pattern is also found very commonly in various publications that provide lists of "best practices" (for example, see Robinson, Patton, Followay, and Sargeant, 1989).

4. The way the term "best practice" is being used by many parties seems to be in the long and strong human service tradition of embracing the latest craze. For instance, in 2009, The Arc of America issued a call for workshop topics for its upcoming national convention that would focus on "best practices" and also be "innovative." Is it not more likely that innumerable best human service practices are ancient, like maybe feeding the hungry, clothing the naked, consoling the broken-hearted, adults taking in an orphaned child to raise instead of letting an institution try to do it, etc.? Instead, popular practices--even merely craze practices--are baptized to be "best practices." Such a practice may not really be the best, just the latest, or the commonest because everybody else is doing it, which is a common problem in medicine. Apparently the thinking goes that "if everybody does it," then it must be very good, and at any rate, one can hardly be successfully sued for doing it. In essence, this makes a "best practice" a safe practice for the practitioner, even though what everybody does in human services or medicine can be very bad or even lethal practice, such as bloodletting and purging in the past. An

example is an article (Neeley-Barnes, Marcenko, & Weber, 2008) that without any supportive

evidence declared that making consumers the decision-makers about what services are needed

and who will provide them, as in person-centered planning, "are now recognized as best

practice." This also comes close to letting ideology dictate what a "best practice" should be

regardless of the evidence (no. 2 above). Cartoonist have a way of capturing these popular self-

deceptions. For example, when the boss in the comic strip "Dilbert" announced that *"We will be*

adopting the best practices in our industry, just like everyone else," one underling responded *"If*

everyone is doing it, best practices is the same thing as mediocre." He was told to *"Stop making*

mediocrity sound bad!"

Some Overarching Drawbacks of the Term and Popular Usage of "Best Practice"

Perhaps because of the many different definitions, descriptions, and usages of the term

"best practice," the concept remains both fuzzy and imprecise, even within delineated spheres of

enterprise, as a number of the above examples have shown. In view of this ambiguity, it is

problematic that the term is used so commonly in everyday discourse, as well as being

ubiquitous in conferences, symposia, online discussions, courses, etc., among people who may

neither explain nor perhaps really know what they understand it to mean.

"Best practice" becomes an elastic catch-phrase that might be attached to almost any idea,

activity, technology, etc. Its overuse strongly suggests its misuse as well. This is not to say that

what are proclaimed by some people to be "best practices" may not, in fact, actually merit that

designation, or a similar one; but rather that the assertion itself does not assure their merit, and

yet is too easily made. While it is not our intent to criticize any particular "best practice"

definition, claim, or practice, we do offer here some further considerations about the concept and term.

First, discoursing about something as a "best practice" can simply be factually incorrect. Saying that something is "best practice" does not mean that it is, in reality, the best practice, or even a good one. After all, when something is extolled as a "best practice," who would want to claim to be doing anything less? Who would claim theirs is a mediocre or pedestrian practice, not to mention a bad, worse, or worst one, even if it were?

Second, labeling something a "best practice" is usually conceptually misleading, and often could be outright hyperbolic. All so-called "best practices" have their limits--either in theory or practice, or both. However, these are rarely acknowledged or even fully known by their adherents and practitioners. Perhaps worse is that the "best practice" label presents a stamp of approval that has the effect of inhibiting consciousness of the desideratum of analyzing the pros and cons of a practice or whether it has any shortcomings at all.

Third, the above noted fragmentation that is wrought by so many particularized meanings of "best practice" from one context to the next, carries an implication that there is no high-order principle involved that would make a strategy a "best practice" across the board. For instance, what are called "best practices" in the field of mental disorder may differ from those in fields such as aging, mental retardation, education, counseling, rehabilitation, or recreation, all of which implies a denial of highly effective shared practice, even though there may be practices that would be universally beneficial in all these fields, e.g., a positive relationship of the server to the served. Furthermore, even within one specific field, multiple, diffuse, and idiosyncratic meanings may be attached to the term "best practice" by different people within that field,

similar to what happened to the term "normalization" in the human service field (see

Wolfensberger, 1980).

Fourth, "best practice" has seeped out into the popular culture. We see and hear it

everywhere! The sheer ubiquity of the term is not only tiresome, but also drains it--even when

deservingly applied--of much of the distinctiveness it once had. Services have begun to get "best

practice" awards (Mehringer, 2009), which may once have been a bit like winning an Olympic

gold medal, but is now more like getting a thank you card.

Fifth, as Meyer (2003) points out, many "best practices" are likely to be culturally biased

toward particular racial, ethnic, political, national, or other concepts and constructs.

"We might even consider that the principles and models promoted in America do not represent

universal principles and models. If American models were specific to certain conditions and

circumstances in (some parts of) America, surely insisting upon their adoption elsewhere--minus

local and cultural adaptations--would be a form of colonialism and domination. The kinds of best

practices that grace the pages of our professional journals are judged valid and reliable for the

particular circumstances of the situations and settings that fostered them (p. 34)."

Sixth, referring to something as a best practice is grammatically awkward since in common

parlance, people usually do not say that something is "a" best, but rather that it is "the" best,

meaning that they think it is definitely better than the other contenders, i.e., the best is the best.

Saying that something is "a" best implies that there is not one best, but rather many bests,

depleting the concept of its impact if not also of some of its meaning. *Is something the best or*

not? Are many things equally the best? Does "best" only mean that a practice is one of several

good ones? Further, some authors have implied that there can be a million different "best

practices" even within a particular field because what is a "best practice" depends, they say, on the particular contexts and particular circumstances of particular persons in particular instances (see, for example, Commonwealth of Learning, 2004). This pretty much reduces the meaning of "best practice" to a meaningless particularism.

Seventh, something else entirely (e.g., another practice or concept or policy), perhaps something that may never be referred to by the parlance of "best practice," may really be the best practice. In other words, neither the validity nor effectiveness--what one might call the "best-ness"--of an action or idea or policy is assured simply because it is called, or purported to be, a "best practice." Similarly, the potential excellence of an idea or action is not nullified because it has not been endowed with the "best practice" soubriquet--though lacking the designation may very well cause it to be rendered suspect, accorded lesser status, or go unnoticed or unused by some.

Eighth, related to the above point, is the fact that what is considered a "best practice" at the moment by some adherents may lose favor with them in the next moment and be superseded by another--perhaps allegedly better--"best practice." Can there be a "best practice" and a "better best practice"?

Ninth, in many fields that claim a set of "best practices," there is no clear test that has to be passed in order to verify that claim. This seems to be particularly the case in human services. By contrast, there are some fields where the claim that something is the best is credibly demonstrated, recognized, and certified. The field of athletics is a good example of this point. Only teams or individuals that prove they are the best by establishing new records of performance, and/or actually besting all the other contenders in a competition, can credibly claim

to be the best, or to be *"Number One."* Therefore, a claim that something is a "best practice" can

be very unconvincing. This is particularly true of some areas of human service in which there is a

near-void of genuine assessments of the quality of service design or performance based on

objectified criteria, applied by unbiased judges, and tested by proven empirical methods.

Considerable skepticism is the only appropriate stance in regard to rhetoric about "best

practices" from individuals and services that never submit the "best practice" to scrutiny

sufficient to disclose the actual facts about it.

<div align="center">Conclusion</div>

Differentiating relative advantages and drawbacks among "best practices" calls for

discrimination rather than credulity. Our speculation is that terms such as "evidence-based

practice," "science-based practice," and others like them came about largely as correctives to the

many shortcomings in "best practice" usage. However, while other terms and concepts may seem

to improve upon "best practice" by having more apparent precision and tangible back-up, they

still do not necessarily escape the same shortcomings that inhere in the "best practice"

terminology. The need for a new corrective to the previous corrective always seems to arise.

Some experts in the field of drug rehabilitation call for combining "evidence-based practice"

with "practice-based evidence," i.e., what practitioners can document from their own work (see

Carey, 2008). However, judging the quality of a practice on the basis of its outcome or back-up

proof is only as good as the quality of the outcome or evidence itself, which may not be good at

all, let alone the best; in fact, it might be bad. As noted by Pealer (2008):

> Neither . . . is it sensible to decide about what's right to do in the lives of other people...on
>
> the sole basis of what someone else labels "the evidence." Assumptions about the evidence

too easily become tools of expert or professional control. In 1915 Henry Goddard thought

he had the evidence for the inherent criminality of people who, he said, possessed

"feeblemindedness." People with disabilities and those who care about them still live with

the results of his miscalculation. Mere insertion of the phrases "evidence-based" or "best

practice" as modifiers in our claims about services means little. Such evidence as we have

is not always clear. Much of it changes...sometimes radically. Some evidence turns up in

places we didn't expect. Of course we want the evidence, but it's never all in, and we'll

always have to keep looking (p. 8).

Aside from not all practices that are called "best" actually being the best, or even

necessarily good, there is also the question of how well even a truly best "best practice" may be

performed by a practitioner, or even if it gets performed at all. For example, in many sectors of

human services, or in regard to the address of specific problems, there may very well be a "best

practice" (at least in a certain culture or on behalf of certain service recipients), but no one (or

few people) may know what it is. For instance, many physicians do not know what "better care"

is (Brownlee, 2007). The prestigious Institute of Medicine recently published a report that

estimates that only about half of what doctors do today is backed up by valid, scientific evidence

(Brownlee, 2008). Physicians often flail at treatments, and often select the one that is the most

expensive, or is "how we do it here" (Emanuel, 2008).

Still further, it seems only logical that some "best practices" would be "best-er" than

others, as many of its definitions clearly imply. Thus, we believe that "best practice" and similar

claims (e.g., "best practice" by any other name) for any particular approach in the human service

fields at least risk being immoderate and unseemly, and accordingly, should be toned down--

preferably, discontinued. Also, we would hope that conscientious servers would always operate on the basis of a combination of personal values that lead them to want the best and do their best on behalf of the people they serve, and what the best evidence at the moment points to--and not only the best evidence of the moment, but also the best evidence of the empiricism of history over the long run.

We think that individuals, organizations, and entire fields would do well to make an effort to become far more discriminating and conscious in their use of the term "best practice" and similar ones. More than credibility is at stake whenever "best practice" language is used, and particularly so in arenas where matters of great gravity rest on the actions that get taken, e.g., when performing surgery or calculating public health measures or constructing bridges. Instead of being preoccupied with "best practice," we would do better to adopt and follow a motto of "practice best." While one could say that "best" refers to "best as far as we currently think," this is rarely the way the term "best practice" is used. A more honest phrasing might be something along the lines of "a practice considered by some people or authorities in the field as preferred at the moment."

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