

6. CLINICAL PRACTICE GUIDELINES

Clinical practice guidelines are defined as "systematically developed statements which assist clinicians and patients in making decisions about appropriate health care for specific conditions". They should be aids to, not substitutes for, clinical judgment and it should be emphasised that they provide guidance, rather than instructions or commands. The main purpose of guidelines is to achieve better health outcomes by improving the practice of health professionals and by better informing consumers about treatment options. The main reasons for development of clinical practice guidelines are:

1. They are tools to address the issue of unjustifiable variations in clinical practice for various clinical conditions.
2. In an environment of increasing availability of new and often competing treatment options, they assist clinicians in making the right decision, one which is appropriate, effective and reasonably cost-effective.
3. They attempt to make the best use of available resources to achieve the best possible outcome.
4. They can be looked upon as a standard for clinical practice.

Much funding and resources are expended on basic and clinical research and research findings are often not systematically applied in clinical practice although they provide evidence that a new treatment or intervention is more effective and gives an improved outcome. Clinical practice guidelines attempt to synthesise these research findings by systematic reviews resulting in recommendations about treatment of specific conditions.

Development of clinical practice guidelines

The most scientific approach is development of evidence based guidelines which link recommendations to the quality of the underlying evidence. It involves systematically identifying and synthesising the available scientific evidence. Given the volume of research activity and scientific publication this is obviously a daunting task and very time consuming. The International Cochrane Collaboration, set up in 1992, has a register of scientific research in health care, and can be accessed to assist in systematic and quantitative reviews on selected clinical topics. Research evidence should be graded according to the rigorous nature of the study design and hence, the validity of their conclusions. The highest level of evidence is assigned to randomised controlled trials which have the most rigorous study design. Other studies are regarded as lower levels of evidence since the study designs allow greater potential for bias. Evidence obtained from expert committee reports or opinions and/or clinical experiences of respected authorities is considered the lowest level of evidence. Evidence is presented

in an open and evaluable form, and this approach de-emphasises intuition, unsystematic clinical experience and pathophysiologic rationale as sufficient grounds for clinical decision making. Clinical practice guidelines should be developed through the following process:

1. The professional organisation specifies the problem and defines the issues involved.
2. Existing guidelines are identified and assessed. If existing guidelines are applicable to the current circumstances, or can be adapted, new guidelines may not be necessary.
3. A multidisciplinary panel is convened with representatives from all relevant groups.
4. The scope and target audience are defined.
5. Health outcomes are identified.
6. An evidence-based literature search is made and scientific evidence is reviewed.
7. The guidelines are formulated, explicitly using evidence to support recommendations.

Dissemination and implementation of guidelines

In order to influence clinical decision making, guidelines have to be brought to the attention of users and adopted by them. Publication of guidelines in medical journals is the least effective method of implementation. The intended users have to be identified and reached through professional bodies, local health or hospital authorities, direct mailing of handbooks, conferences and seminars. Implementation of guidelines requires strategies to facilitate change in behavior. Educational activities such as seminars focusing on specific guidelines with active involvement of potential users are effective. Patient specific reminders at the time of consultation, e.g., attachment of guidelines to medical records, inclusion of guidelines on a desktop computer or specially designed clinical records are also effective. The use of guidelines in audit can also increase the likelihood of adoption. In the process of implementation, issues may arise with the organisation of care, lack of coordination between groups of health care providers, and other administrative problems. These issues need to be resolved by the relevant health care authorities to allow effective implementation.

The potential for guidelines to influence the quality and outcome of patient care is considerable. Well-developed clinical practice guidelines, effectively disseminated and implemented can go a long way in ensuring appropriate and quality health care for the community.