Pros and cons of clinical practice based on guidelines

Charing CN Chong *, FHKAM (Surgery)

Department of Surgery, Prince of Wales Hospital, The Chinese University of Hong Kong, Shatin, Hong Kong

* Corresponding author: chongcn@surgery.cuhk.edu.hk

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Clinical practice guidelines (CPGs) are considered as one of the most influential and effective tools for the promotion of evidence-based medicine.[1] The use of guidelines in clinical practice may lead to a reduction in practice discrepancy and release the tension between health care cost and quality. In homogeneous populations, CPGs are most useful; for example, in the case of recommendations for preventive vaccination in children. In this issue, Chua et al[2] summarise the updates and the recommendations on vaccination in egg-allergic patients.

The aim of creating CPGs is to have consensus based on consistent and thorough review of the literature. With specific content where the evidence is inconclusive and there is variation in clinical practice, CPGs are most effective. Quality of care can be improved by reducing the variation in clinical practice and adherence to standards of good care. With increasing recognition of the shortcomings of health care systems, CPGs have become widely advocated as a means of summarising and encouraging compliance with evidence-based medicine. Clinical practice guidelines can be used in a wide range of conditions to provide the best possible care.[3-11]

Despite their popularity, it remains controversial that whether CPGs lead directly to improvements in clinical practice. Moreover, CPGs tend not to be widely used in clinical practice.[12] Problems associated with the usability of CPGs include inaccessibility of the guidance at the point of care, long lifecycle of CPG development, inapplicability to local settings, and lack of active user involvement.[13] Most guidelines are based on results of trials which usually study homogenous populations. In clinical practice, patients are inhomogeneous. To limit confounding factors, randomised controlled trials usually aim to answer a very specific question in a clearly defined population. However, in clinical practice, patients are rarely identical to the study populations. While some CPGs are oversimplified and lack patient-specific guidance, others may end up being too ambiguous with the intent to allow flexibility for clinicians to decide the management that is most suitable for their patients.[14,15]

To overcome these drawbacks of CPGs, involvement of active or local users and refinement of CPGs according to local circumstances is necessary. In the paper by Chua et al,[2] we can see the involvement of various professional and clinicians at different levels of experience. Hopefully, this can provide suitable recommendations to local clinicians and paediatricians.

Guidelines are directed at the disease, not at a particular patient. They should not supersede individualised medicine. Clinical practice should be directed by a combination of clinical experiences, evidenced-based guidelines, and the peculiarities of individual patients.

Declaration

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