Evidence-based consensus statements and clinical guidelines: do the means meet the ends?

Adopting an evidence-based approach to medical and health care is a concept that can only be perfected by sustained and concerted efforts to translate the evidence into action. The *Hong Kong Medical Journal* (HKMJ) provides an appropriate medium to propagate such movement, primarily through dissemination of primary clinical and scientific data from well-designed clinical studies. As with all fundamental conceptual advancement, the translational process is essentially developmental and has to be critically monitored and reviewed in an evidence-based manner. Accordingly, the HKMJ could serve this end by promoting the culture of an evidence-based process being adopted to draw conclusions by authors who intend to publish in this Journal. A sound peer-review system, with emphasis on the significance attached to the process of data acquisition and statistical analysis, is the cornerstone for achieving such an aim. In anticipation of more special reports such as clinical guidelines and consensus statements, the Editorial Board would like to draw the attention of prospective authors submitting such articles to a few references.[1-4]

The United States National Institutes of Health (NIH) Consensus Development Program is a good reference source[3] (see www.consensus.nih.gov). This program constitutes part of the NIH efforts in evidence-based health technology assessment and transfer. The NIH also has an Agency for Healthcare Research and Quality to provide a systematic review of the literature on selected topics. The few generic aspects usually covered are the choice of target objective relevant to medical practice, the composition of lead discussants and participants, the accessibility of critical volume of information supporting the use of an evidence-based consensus approach, and the logistics of conducting a valid consensus development process, ultimately transforming the agreements while also packaging the necessary disagreements into a final representative report. Lately, post-development evaluation of the efficacy of the dissemination and clinical application of different guidelines and consensus statements are actively pursued by various centres at the NIH. At the international level, the Appraisal of Guideline Research and Evaluation (AGREE) represents another level of effort promoting collaboration of researchers and policy makers from core European countries, Canada, the US, and New Zealand.[5] It is beyond doubt that such a process will mature further and clinicians, biomedical professionals, and researchers will become more familiar with similar systems.

The HKMJ Editorial Board would like to recapitulate some of the points for authors who would like to publish in this domain. Topics chosen for consensus or clinical guideline development should preferably be of public health importance, with an identifiable gap in knowledge and medical practice that can be resolved for an interim period, at least until more informative scientific/clinical data are made available. In the local context, whenever guidelines on the same or similar topics/subjects are available from other nations, it is deemed prudent to state clearly whether there are differences between the local guidelines and those of other countries and what are the differences. Whether such differences are based on ethnic- or region-specific epidemiological data should be specified. Panel members should preferably include research investigators in the field, health professionals who use the technology, methodologists and, when appropriate, public representatives such as ethicists, lawyers, theologians, economists, public interest groups, and voluntary health associations. In principle, special care should be taken to include divergent scientific and medical views and avoid advocacy or promotional positions.

The final recommendations should be developed by applying a structured set of principles.[3] The logistics should be specified before the start of the process leading to the development of a consensus statement. A non-systematic process of data retrieval poses an inherent threat to the validity of the conclusions drawn by a consensus conference.[4] Importantly, an executive structure with specifications of how to handle complex and divergent information and opinions is better agreed and endorsed in advance, avoiding unnecessary compromises that act against the evidence-based principles. These would cover areas such as weighting the value of evidence, voting mechanisms for inclusion of specific recommendations, and drafting of the consensus statement. Finally, given that some of the recommendations may be conditional owing to limitations in the available evidence, it is essential to include explicit stipulations of how and when to update the recommendations.

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