



LETTERS

CONFLICTING ASTHMA GUIDELINES

Conflicting asthma guidelines reflect different motives

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Having a single guideline for the management of asthma in the UK would, of course, be desirable, but the British Thoracic Society (working with the Scottish Intercollegiate Guideline Network) and the National Institute for Health and Care Excellence (NICE) have two separate and differing philosophies, which make this highly unlikely.¹

The British Thoracic Society strives for clinical excellence, and its guidelines are internationally recognised and respected. NICE's motive is cost minimisation, to the extent that it proposes a treatment pathway that is suboptimal at best and could cause actual harm. Both parties agree on the need to make an accurate diagnosis of asthma and to record the grounds on which this diagnosis was made. They disagree fundamentally on the way of achieving this. NICE has not taken into account the potential costs and opportunity costs of their proposed diagnostic work-up nor the cost of educating and training healthcare professionals in new techniques (fractional exhaled nitric oxide testing), let alone the cost of the equipment and consumables that will be needed. Its recommendations for diagnosis lack a clear evidence base.

The purpose of guidelines is to act as a repository of best available knowledge. Evidence based medicine is the adaptation of this evidence to the needs of individual patients using the

skill and experience of the clinician to optimise outcomes.² Unfortunately, guidelines have become abused by politicians and healthcare managers to force clinicians into slavish adherence, which blunts their clinical reasoning, an essential component of good clinical practice.

The profession is at a crossroads: is the purpose of medicine to help people in an evidence based manner or does it abrogate responsibility for high quality clinical care by accepting without question that NICE has all the answers? We must debate this urgently.

Competing interests: I was twice a member of the BTS/SIGN asthma guideline. I was a previous chairman of the General Practitioners in Asthma Group (now PCRS UK). I have been sponsored to attend meetings, attend advisory panels and deliver talks on behalf of most companies in the respiratory field. I am the current president of the Respiratory Effectiveness Group <http://effectivenessevaluation.org/>

- 1 Keeley D, Baxter N. Conflicting asthma guidelines cause confusion in primary care. *BMJ* 2018;360:k29. 10.1136/bmj.k29 29317387
- 2 Sackett DL. Evidence-based medicine. *Semin Perinatol* 1997;21:3-5. 10.1016/S0146-0005(97)80013-4 9190027

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