

Editorial

Sanity and management guidelines

In the marketing world, the sane individual is defined as someone who carefully assimilates all evidence and then acts on the basis of that evidence. In our clinical practice, we would all wish to aspire to sanity. The insane individual is one who ignores all the evidence and says and does what is in his or her head. Sadly, all too frequently clinical practice is based on insanity although, of course, we would all claim that it is based on our own knowledge and experience. It is amazing how many of our clinical activities have either no proven benefit or have positively been shown to have adverse effects. This leads us to the third category of individual, who is 'unsane'. This is associated with an attempt to at least consider the evidence but then to only accept the evidence that is concordant with what is in the individual's head. I suspect that much clinical practice at the moment is in the unsane category.

Published guidelines for the management of disease can also be classified into the above three categories. Initially the justification for formulating guidelines was based on the wide diversity of clinical practice between professionals. This resulted in haphazard practice and a total lack of confidence on the part of patients and their families in the recommendations from clinicians, which were often directly contradictory. Thus, the first sets of guidelines were based on the opinions of so-called experts, often selected very carefully so that they were of like mind and able to reach a consensus. Some would classify these as in the insane category. To give the experts their due, they did consider published evidence but in the end were selective about what was accepted based on individual prejudice. This is clearly in the insane category.

Latterly, attempts have been made to ensure that the evidence base takes precedence in justifying recommendations in guidelines to create a state of clinical sanity. Unfortunately, however, in many published guidelines, it is not possible to establish how objective the evaluation of evidence has been. There is still a

lingering suspicion that the majority remain in the unsane group. How can guidelines be totally objective when much evidence is tenuous and individual components of management strategy have not been submitted to rigorous scrutiny? The only way this can be overcome is by assigning a level of evidence to each recommendation. The highest level of evidence is usually assigned to a systematic and complete analysis of large, randomized controlled studies. This is possible for single modalities of therapy, such as inhaled corticosteroids for asthma, but rather more difficult in relation to management packages including patient education and environmental modification. Here, lesser degrees of evidence such as so-called quasi-experimental and -observational studies are used. Where all else fails, there is a need to resort back to the expert panel view.

Many have questioned whether the exhaustive evidence-based approach to developing guidelines will result in any different outcome from that emanating from an expert panel. There may be the opportunity in the not too distant future to evaluate this. The Scottish Intercollegiate Guidelines Network (SIGN) has led the world in establishing a protocol for developing guidelines, using an exhaustive evidence-based approach. It is a very labour-intensive process but is now being employed in the development of the British Asthma Management Guidelines. It is likely that they will be published some time in 2002. On the other hand, the Global Initiative for Asthma (GINA) will be producing a revised set of international guidelines, predominantly based on the views of an expert panel, using the evidence that they have between them mustered to underlie the recommendations. This also will be published some time in 2002.

After all this enterprise, the one piece of evidence that is still lacking is whether the guidelines in themselves have any health benefits. Does implementation of management guidelines improve outcomes? Much research is still required to establish whether this is the case. Furthermore, the production of guidelines

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is but the first step in a management process. Their implementation often leaves a great deal to be desired. Indeed, what evidence is available suggests that national and international guidelines published in major journals tend to have no impact whatsoever. It is locally generated and reinforced management packages that have the greatest chance of success. We therefore still

have quite a long way to go to progress from the insane to the sane state.

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