

Medical Guidelines

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The value of medical guidelines in medicine

Veterinary Medicine is a relative Johnny come lately to the world of medical care guidelines. The first attempt to develop supported guidelines was not until the late 80s when the American Association of Feline Practitioners published a set of vaccination recommendations. These were followed by guidelines addressing canine vaccinations, parasite and heartworm control guidelines, pain management guidelines and others that have been developed in an effort to assure a standard level of care to our patients.

In human health care the development and implementation of medical guidelines has become so overwhelming that The US Dept of Health Agency for Healthcare Research has developed a National Guidelines Clearinghouse to help health care providers find their way through the literally thousands of medical guidelines. Most are very specific protocols and directives and are science based they cover things as diverse as coronary and CVA emergencies to vaccinations and treatment and monitoring guidelines for diabetes.

So what are guidelines?

The standard definition as developed in 1990 of Clinical practice guidelines (CPGs) is "systematically developed statements to assist practitioners and patient decisions about appropriate health care for specific circumstances".

They define the role of specific preventive, diagnostic and treatment modalities in the management of patients. The statements contain recommendations that are based on evidence from a rigorous systematic review and synthesis of the published medical literature. Unfortunately, veterinary medicine not enjoy the wealth of statistical information that human medicine has. Therefore many veterinary guidelines contain a good deal of opinion based on clinical experience and extrapolation. However these guidelines are not arbitrary and carry a great deal of credibility.

Guidelines are not legal documents however they indicate some level of professional acceptance and so they may be of significance in a legal proceedings.

Why were guidelines initiated?

The movement towards evidence-based healthcare has been gaining ground quickly over the past few years, motivated by clinicians, politicians and management concerned about quality, consistency and costs. CPGs, based on standardized best practice, have been shown to be capable of supporting improvements in quality and consistency in healthcare. Many have been developed, though the process is time and resource consuming. Many have been disseminated, though largely in the relatively difficult to use format of narrative text. While growing in visibility and acceptance they are slow to have impact on clinical practice.

Guidelines are designed to support the decision-making processes in patient care . The content of a guideline is based on a systematic review of clinical evidence - the main source for evidence-based care.

Guidelines allow clinicians to point to the expertise of a neutral third party for support and validation.

How can guidelines enhance your patient care?

Guidelines are not intended to dictate nor to prescribe but rather to inform and suggest best practices as determined by experts in a field. Guidelines are intended to achieve the following goals.

- To describe appropriate treatment practices based on the best available scientific evidence and broad consensus;
- To reduce inappropriate variation within a practice;
- To provide a more rational basis for referral;
- To provide a focus for continuing education and staff training;
- To promote efficient use of resources;
- To Act as focus for quality control, including audit;

Are all guideline created equal?

Certainly no medical information is without value but at the same time nothing is without negative concerns Over the past decade, clinical guidelines have increasingly become a familiar part of clinical practice. Every day rules of operation at hospitals and clinics, and health spending are being impacted by guidelines. They may offer concise instructions on which diagnostic or screening tests to order, how to provide medical or surgical services, or other issues of clinical practice

The interest in clinical guidelines that is increasing across Europe, North America, Australia, New Zealand, and Africa and has its origin in issues that most healthcare systems face: rising healthcare costs, fueled by increased demand for care, more expensive technologies, and an ageing population; variations in service delivery among providers, hospitals, and geographical regions and the

presumption that at least some of this variation stems from inappropriate care, either overuse or underuse of services; and the intrinsic desire of healthcare professionals to offer, and of patients to receive, the best care possible. The goal is to close the gap between what clinicians do and what scientific evidence supports.

As guidelines become more widely adopted, there are important lessons to learn from the firsthand experience of those who develop, evaluate, and use them.

Value of medical practice guidelines questioned by some scientists

Opinions differ on the net impact of standardized disease treatment guidelines.

- “There are real reasons for disregarding guidelines,” says Dr. Barbara Starfield, professor of health policy and management at the Bloomberg School of Public Health at Johns Hopkins University in Baltimore, Maryland. “Diseases are not homogeneous activities,” she said. “Management focused on diseases does not always improve primary care.”
- Guidelines have promoted a standardization of care that may encourage primary care practitioners to overlook patients’ overall burden of chronic diseases. Geriatric patients in particular may have multiple systemic diseases at the same time. That often results in using multiple, and not always mutually compatible, drug regimes, a practice known as polypharmacy.
- Polypharmacy itself can be a major disease
- Guidelines and their implementation can be somewhat impacted by conflicts of influence.
- Dr. Dee Mangin, Department of Public Health and General Practice at the University of Otago in Christchurch, New Zealand states “The challenge is not overpowering physician judgment with guidelines that should offer guidance to inform practice, rather than to drive it.”
- Clinical guidelines, it must be remembered, are not directive to be followed unquestioningly but to be considered when making clinical recommendations “More and more people are treating chronic conditions, including pharmacists and nurses. They need standardized guidelines,” Drouin said. “Standardization promotes good care.”