

Letter from the editor

EVIDENCE-based CLINICAL PRACTICE GUIDELINES

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It is already well known that guidelines are systematically developed statements to assist practitioners and patients with the appropriate health care for specific clinical circumstance. Guidelines are a useful support in making health decisions, however they are not the golden law for the implementation of scientific achievements and their validity refer to a precise situation and setting, and not anywhere or anyhow. During the last few years clinical guidelines have become more and more popular as a useful tool in addressing clinical practice and many guidelines have been published in biomedical literature by many institution, bodies and organizations. Unfortunately, this growth in the number of edited guidelines is not related to an improvement in methodological quality, so that independence, relevance and reliability are issues to be carefully controlled in evaluating clinical practice guidelines.

At a theoretical level, the use of good quality guidelines is essential to decrease the unexplained and less documented variations in physicians' practice, but also to cut down the inappropriate care and reduce the healthcare costs. Theoretically, guidelines could and should improve the cost/effectiveness and appropriate giving of health care. This role of the guidelines can also constitute a valuable educational instrument for physicians and patients. In the last few years, the preparation and dissemination of guidelines in many medical fields has been prompted by evidence-based medicine. At a practical level, an evidence-based guideline is prepared identifying and defining the medical area. The authors are interested in the creation of a multidisciplinary group-work, including the representatives of patients and consumers' associations.

Evidence-based guidelines offer many advantages. In fact, if the main potential benefit of guidelines in general is to improve the quality of the care-giving to the patients, there are also other potential advantages for patients, professionals and health-care system. Scientifically, it is correct to say that the properly developed evidence-based guidelines may reduce mortality, morbidity and disability, discouraging ineffective interventions and improving patients' quality of life. Nowadays caregivers

are not totally aware of the tremendous potential impact of an evidence-based guideline on consumers and patients. Actually, if the guideline is regularly and frequently updated as recommended by EMB, it becomes the main vehicle of good and recent medical information for patients and allows them more informed health choices. Such a guideline may improve the quality of patients' decisions as well as clinical decision and the quality of medical therapies. This is because the text of evidence-based guidelines must foresee alternative treatment and interventions. In case of patients that refuse to undertake the first-choice therapy and therefore call the attention of physicians for the second-best medical practice, this alternative treatments must be defined by their cost-efficacy, cost-effectiveness and risk-benefit ratio.

Evidence-based practical guidelines are important not only in strictly medical terms, but also in medical-legal also. In fact, there are many patients involved in the implementation of an evidence-based guideline, and they have the right to be perfectly aware of the quantitative harm and benefit ratio of an intervention. An evidence-based guideline warrants a management transparency and becomes a powerful educational-management tool. On the other hand, we are aware of the potentialities of EBM as well as of its limits and the same potentialities and limits apply to evidence-based guidelines. However well-linked to evidence, clinical practice guidelines always need to be interpreted sensibly and applied with discretion. When clinicians implement faulty guidelines, rather than the authors of such guidelines, they are likely to increase their liability for negligence. Guidelines do not defend against the charge of negligence and physician should be well aware of this.

In conclusion, we are persuaded that evidence-based clinical practice guidelines are not magic wands for health-care system; such fairy devices do not exist in the real world. But we are equally convinced that evidence-based clinical practice guidelines have a magic touch in that they are really powerful medical, management, educational and economic tools for the best care to which professionals, patients and health-care system can aspire.