The use of Medical Guidelines in Health care

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Evidence-based medicine and clinical practice guidelines have become increasingly salient to the international health care community in the 1990s. Key issues in health policy in this period can be categorized as costs and access to care, quality of and satisfaction with care, accountability for value in health care, and public health and education.

The use of guidelines has become one of the standards of the practice of medicine worldwide. Despite that we are not universally and widely using guidelines in our medical practice in Iraq. Many of the research findings and guidelines are not applied in Iraq. Some times these guidelines are known but they are not translated into daily practice. Therefore many patients don’t receive the care recommended by internationally recognized scientific authorities.

The rapid yearly proliferation of medical knowledge has made the implementation of evidence and guidelines in daily practice complex [1].

A medical practice guideline (also called a clinical guideline, clinical protocol or clinical practice guideline) is defined as systematically-developed documents or statements to assist patients and practitioners in decisions about appropriate health care for specific clinical circumstances [2].

Modern guidelines: Such documents have been in use for thousands of years during the entire history of medicine. However, in contrast to previous approaches, which were often based on tradition or authority, modern medical guidelines are based on an examination of current evidence within the paradigm of evidence-based medicine. They usually include summarized consensus statements, but unlike the latter, they also address practical issues.

Modern clinical guidelines briefly identify, summarize and evaluate the best evidence and most current data about prevention, diagnosis, and prognosis, therapy including dosage of medications, risk/benefit and cost-effectiveness. Then they define the most important questions related to clinical practice and identify all possible decision options and their outcomes. Some guidelines contain decision or computation algorithms to be followed. Thus, they integrate the identified decision points and respective courses of action to the clinical judgment and
experience of practitioners. Many guidelines place the treatment alternatives into classes to help providers in deciding which treatment to use.

**Objectives of the use of guidelines**

1- Guiding decisions and criteria regarding diagnosis, management, and treatment in specific areas of healthcare.

2-Standardize medical care, to raise quality of care by reducing variations in practice and to control costs through more-efficient use of health care resources, to reduce several kinds of risk (to the patient, to the healthcare provider).

It has been demonstrated repeatedly that the use of guidelines by healthcare providers such as hospitals is an effective way of achieving the objectives listed above, although they are not the only ones [3].

**Scientific advantages**

Clinical practice guidelines incorporate the best available evidence for the management of a disease or an aspect of disease treatment or prevention into a single document for health care providers. The quality of practice guidelines has improved by adopting standard approaches to the development of guidelines and reviewing their quality for use in patient care. Implementing guidelines into clinical practice can improve quality and efficiency of care and will likely benefit from a multidisciplinary, multifaceted approach [4].

**Evolution of the concept**

The guideline-based approach to healthcare is a relatively recent one and has originated in the United States in the 1990s. Guidelines are usually produced at national or international levels by medical associations or governmental bodies, such as the US Agency for Healthcare Research and Quality.

**Synthesis of Guidelines**

Practice guidelines are rapidly becoming preferred decision-making resources in medicine, as advances in technology and pharmaceutics continue to expand. An evidence-based approach to the development of practice guidelines serves to anchor healthcare policy to scientific documentation, and in conjunction with practitioner opinion can provide a powerful and practical clinical tool. Three sources of information are essential to an evidence-based approach: a) an exhaustive literature synthesis; b) meta-analysis; and c) consensus opinion. The systematic merging of evidence from these sources offers healthcare providers a scientifically supportable document that is flexible enough to deal with clinically complex problems. Evidence-based practice guidelines, in conjunction with practice standards and practice advisories, are invaluable resources for clinical decision making. The judicious use of these documents by practitioners will serve to improve the efficiency and safety of health care well [5, 6].

**The choice of guidelines**

Local healthcare providers may produce their own set of guidelines or adapt them from existing top-level guidelines.
During 1998 about 10000 per year. The number of clinical practice guidelines included in Medline increased from one to more than 450 per year in 1998.

The USA and other countries maintain medical guideline clearinghouses. In the USA, the National Guideline Clearinghouse maintains a catalog of high-quality guidelines published by various organizations (mostly professional physician) organizations. In the United Kingdom, clinical practice guidelines are published primarily by the National Institute for Health and Clinical Excellence (NICE). In The Netherlands, two bodies (CBO and NHG) publish specialist and primary care guidelines, respectively. In Germany, the German Agency for Quality in Medicine (ÄZQ) coordinates a national program for disease management guidelines. All these organizations are now members of the Guidelines International Network, an international not-for-profit association of organizations and individuals involved in clinical practice guidelines. G-I-N is owner of the International Guideline Library - the largest web based data base of medical guidelines worldwide.

**Why top level guidelines**

During the period 1975-1980 about 500 new studies per year were added to Medline. The rate of publication of clinical practice guidelines for common medical illnesses continues to accelerate. The appropriate dissemination and uptake of high quality practice guidelines can synthesize evidence, improve patient outcomes and enhance the efficiency of health care delivery. However, the methodological rigour and relevance of the growing number of publications labelled 'clinical practice guidelines' vary widely. Health care payers, providers and advocates must learn to appraise and interpret guideline recommendations critically.

**Medical guidelines in UK**

Guidelines are viewed as useful tools for making care more consistent and efficient and for closing the gap between what clinicians do and what scientific evidence supports. Interest in clinical guidelines is international and has its origin in issues faced by most healthcare systems: rising healthcare costs; variations in service delivery with the presumption that at least some of this variation stems from inappropriate care; the intrinsic desire of healthcare professionals to offer, and patients to receive, the best care possible. Within the UK, there is ongoing interest in the development of guidelines and a fast-developing clinical-effectiveness agenda within which guidelines figure prominently. Over the last decade, the methods of developing guidelines have steadily improved, moving from solely consensus methods to methods that take explicit account of relevant evidence. However, UK guidelines have tended to focus on issues of effectiveness and have not explicitly considered broader issues, particularly cost [7].

**Perspectives**

From September 2009, the Training and Development Center in the Iraqi Ministry of Health will organize series of symposia, lectures and training courses about the use of guidelines in the healthcare in Iraq.
References