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EDITORIAL

Guidance on the publication of guidelines

There is much uncertainty in cancer management. The individual clinician is faced with a mass of published material and many different opinions. Different surgical units embrace change at different rates, and not all change is necessarily good for patients. Confusion is sometimes the order of the day, particularly where managerial, social, political and economic mandates are superimposed upon biological realities. Change often appears to be driven by current dogma rather than by any reliable evidence base.

Many bodies are now offering up guidelines to propagate views on how to manage clinical activity. The publication of topic specific guidelines by expert bodies can bring clarity to complex issues, and save individual clinicians much trouble in optimising their local practice. The EJSO has been pleased to publish as supplements in recent years a number of cancer guidelines, as on the management of symptomatic and screen detected breast cancer and on bony metastases, commissioned and produced by BASO members.

What constitutes a set of Guidelines? Each is a document focussed on a specific clinical topic or administrative area, and it may offer general or very specific guidance. Most are written for and by a committee of specialists in the field. They may bring a broad and authoritative overview of the subject, or a narrower and more parochial view which reflects the particular experiences and prejudices of the authorship or influential members of the formulary committee.

Outside the clinical arena, politically, legislatively or administratively driven guidelines can have a profound impact on the organisation and delivery of clinical practice, and not necessarily for the better. In health economies characterised by scarce and finite resources, the law of unintended consequences is writ large. For example, the European Union employment directives governing the working hours of hospital doctors in training may have expanded trainees' free time, but at a huge cost in educational opportunity.

Writing by committee is difficult at the best of times, and the production of guidelines requires a particularly rigorous intellectual approach to ensure consistency, quality, credibility, practical application and an honest interpretation of the available data. The best such documents will be authoritatively and exhaustively referenced to cover all strands of opinion and alternative options.

Who commissions guidelines, and with what authority? Most clinical practice is now standardising across national borders in the developed world. There is no international body to determine or supervise authority for guidelines, although some bodies such as the US National Institute of Health (NIH) carry particular weight. Many guidelines are thus generated on a national or parochial basis. Other forms of guidelines are commissioned by government-funded organisations. Occasionally, different bodies will publish guidelines on similar topics concurrently, or with differences of emphasis.

There are also considerable dangers in the publication of guidelines. Once published, they may be seized upon uncritically by the unwary as authority for administrative change and reorganisation, and they can have a major impact upon resource planning and allocation. This can occur even where the evidence base is weak or non-existent, or where there is no biological or clinical benefit in the proposal. Many seemingly anodyne and bland pronouncements on clinical service provision within guidelines have huge resource implications. These can distort clinical priorities and delay service to others, including to those patients with symptoms designated at a lower priority, who later are found to have unrecognised tumours. A well intentioned pronouncement that an open access advisory service should be made available to all members of the public with a relative who had had a malignancy would have profound resource implications for every hospital and health clinic.

Until recently, the absence of any independent

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national or international regulatory body for the quality of guidelines posed great difficulties for Editors under pressures to publish from particular bodies. Fortunately, in the UK, the government funded National Institute for Clinical Excellence (NICE) now posts clear instructions and terms for the commissioning, review and publication of authorative guidelines on its website.[1] These instructions provide a reliable and sensible authority on which reviewers can form an opinion on the merits or otherwise of such a preferred set of guidelines. They emphasise particularly the need for a clear statement of the level of evidence needed for each and every pronouncement in each set of guidelines. This demands a rigorous review of the evidence base.

The writing of guidelines is particularly challenging in respect of surgical subjects, where much detail in practice is still based on individual preference and opinion, as level I evidence from controlled trials is simply not available for many aspects of surgical practice. The test of each document's authority thus stems from the quality of the writing and the quality of discourse. There should be a recognition of different schools of thought where objective evidence cannot be produced. There should also be a measured consideration of the resource implications of any statement, a clear indication of the target audience, and a review or 'sell-by' date in a rapidly changing area or practice.

There is nothing to stop any organisation from producing and publishing guidelines, but clinical guideline writers usually seek the authority and branding of one or other established journals as the vehicle for publication. The professional judgment and integrity of the Editors and the Editorial Boards of the independent journals thus remains an important defence for the profession and the public at large against poorly written, ill thought out, incomplete or subjective guidelines on whatever topic and from whatever source, and whatever the commercial and informal pressures to publish.

The EJSO remains committed to the highest attainable quality in all documentation that carries its imprint. The NICE recommendations are much to be welcomed, but they raise the hurdles to entry into print substantially, when compared with previous publishing practice. Nevertheless, at a time when cancer surgeons in general are struggling to get their voice heard in the oncological cacophony, the extra effort and rigour demanded of the process should produce substantial benefits for the profession in due course. The editorial team thus continues to be pleased to work with all authorship groups to achieve the new and demanding standards for proffered guidelines. This is a fascinating and challenging area of professional activity which has escaped focus and censure in the past, but which has had and will continue to have huge practical implications for all of us in busy clinical practice.

References

1. Clinical Guidelines. UK National Institute for Clinical Excellence. http://www.nice.org.uk; February 2004.

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