

Scrutinizing Guidelines Beyond Reasonable Doubt

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When healing patients, doctors and other healthcare providers are faced with dilemmas and at times considerable uncertainty. The voluminous amount of scientific literature coupled with doctor's knowledge, experience, and patient's preferences, confounds clinicians with perplexing issues making it difficult to inform patients on the wisdom behind their decisions. A need to standardize clinical practice and guide healthcare workers through developing trustworthy clinical practice guidelines becomes imperative.

The Institute of Medicine defines Clinical Practice Guidelines as statements that include recommendations intended to optimize patient care. Guidelines are formed by a systematic review of evidence and an assessment of the benefits and risks of alternative care options, some of which may carry no evidence but expert opinions. Generally, the effect of guidelines on clinical practice has increased because specialty organizations have taken the responsibility to develop quality measures and create coverage decisions. Guidelines generally depends on expertise to uncover the best evidence, and make specific recommendations. Moreover, it strengthens the lobbying power for support for Philippine Health Insurance coverage. Because guidelines matter more and have wider coverage area, critics have questioned the processes that professional associations have used to develop guidelines.

This journal aims to disseminate these guidelines, emphasizing aspects of the external review process which may undermine public confidence. This journal contains long-awaited guideline Chronic Hepatitis B and Chronic Hepatitis C done by the panel members appointed by the Board of Directors of the Hepatology Society of the Philippines. Chronic Hepatitis B infection is a serious problem that affects 300 million people worldwide. In the Philippines, an estimated 7.3 million Filipinos or 16.7 % of adults are chronically infected, more than twice the average prevalence of the Western Pacific region.¹ Hepatitis C, on the other hand, is suggested to have up to 1% of Filipinos infected and is largely responsible for 27% cirrhosis, 25% of hepatocellular carcinoma worldwide. Being such, Chronic Hepatitis B and Chronic Hepatitis C remains to be one of the leading disease in the Philippines.²

The credibility of a guideline depends on the thoroughness of the external reviewers and the integrity of the panel in responding to concerns. The guidelines were presented to a body of experts, made up of Chairs and training officers of academic institutions in Gastroenterology and Hepatology, specialties with common interest, like Philippine College of Physicians and Philippines Society of Microbiology and Infectious Diseases as well as to the general membership during the 2014 Digestive Disease Week. Authors kept detailed records of the comments of the reviewers, the panel's responses to those comments, and how the panel considered the comments when it revised the guidelines. This creates a form of transparency which is an important precedent that, if adopted widely, could increase public confidence in guidelines.

Because of the considerable number of clinical practice guidelines available, healthcare workers find it challenging to determine which guidelines are of high quality they can trust! Guidelines should have considered the interplay of cultural differences, local practice incorporating these similarities and difference in the scientific evidence and its analysis. If Guideline users had a mechanism to immediately identify high quality, trustworthy clinical practice guidelines, this is thus cascaded in their health-related decision making thus—potentially improving both health care quality and health outcomes.

For readers to affirm that such a guideline has good management it should include these four feature: First, reviewers should declare all of their financial conflicts of interest. Second, the review process should be undertaken by an impartial and accredited organization. Third, the discussion between reviewers and guidelines committees should delineate evidence-based assertions from those based on expert opinion and clinical experience. Lastly, if there is dissent between organizations that manages the review with the committee's response to reviewers' comments, it should be empowered to withhold its endorsement of the review process. This suggestion is in keeping with an overarching principle of guidelines, which is to help the health professions to make informed choices, and not simply impose it on them. These four elements are necessary to affirm which clinical guideline is trustworthy. I earnestly hope that these will help health care workers weigh which guidelines will provide insights and evidence that will influence their decisions beyond their own fields of interest in providing excellent patient care.

1. Hepatitis B infection among adults in the Philippines: A national seroprevalence study. Wong SN, Ong JP, Labio ME, Cabahug OT, Daez ML, Valdellon EV, Sollano JD Jr, Arguillas MO. *World J Hepatol*. 2013 Apr 27;5(4):214-9.
2. Ngelangel CA, Wang EH. Cancer and the Philippines Cancer Control Program *Jpn J Clin Oncol* 2002;32 Suppl: S52-61.