



# Clinical Practice Guidelines 2002

**Satellite Symposium of**

**June 7 - 8, 2002**

**Berlin, Germany**



# Clinical Judgement and CPG

Bernard Burnand

Health Care Evaluation Unit, IUMSP

& Clinical Epidemiology Center,

University Hospital

Lausanne, Switzerland

# Clinical Judgement

- judgement
  - ability
    - to perceive and distinguish relations between objects
    - to form an opinion by evaluating
    - to make sound and reasonable decisions
- clinical
  - people who suffer



# **Clinical Judgment**

**Alvan R. Feinstein**

1926 - 2001

1967  
(Williams & Wilkins)

# Clinical Judgement

- « The background of clinical judgement is clinical experience : the things clinicians have learned at the bedside in the care of sick people »

Feinstein AR, Clinical Judgment, 1967

# Clinical Experiments

- « In caring for patients, clinicians constantly perform experiments.»
- « ... every aspects of clinical management can be designed, executed and appraised with intellectual procedures identical to those used in any experimental situation »

Feinstein AR, Clinical Judgment, 1967

# Clinical Decisions

- most decisions are based on or influenced by clinical judgement
- clinical judgement is the central momentum that governs decisions made at the individual patient level

# CPG & Clinical Judgement

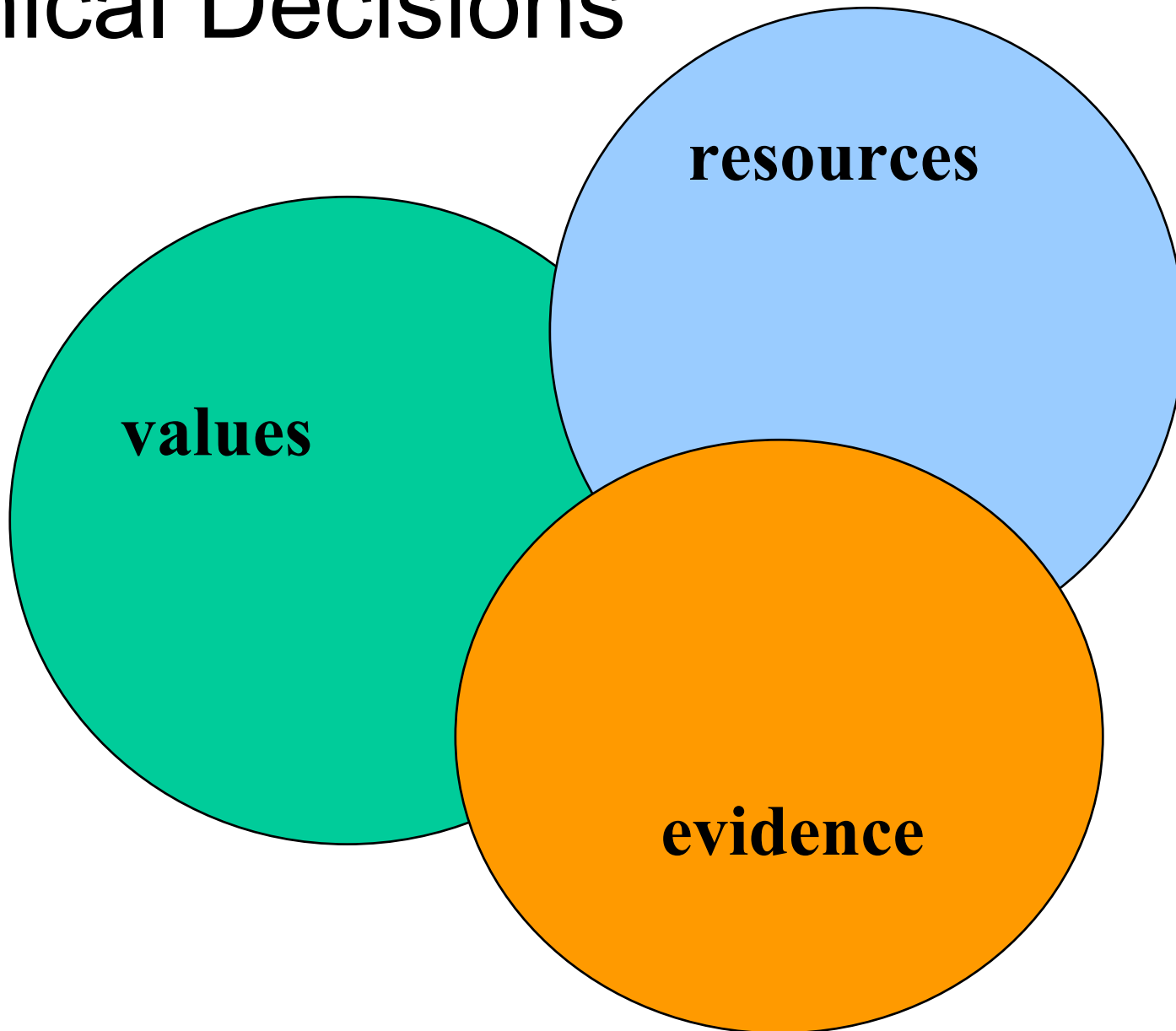
Clinical practice guidelines are systematically developed statements to assist practitioners and patients about appropriate health care for specific clinical circumstances

## CPG

- contribute to clinical judgement
- form a basis for shared decision making



# Clinical Decisions



# Clinical Decisions

- patient's situation or circumstances
- patient's desires, values
- physician's previous experience
- physician's values
- evidence

# Clinical Decisions

*based on*

- long habit
- experience
- intuition
- consulting colleagues
- books
- journals
- internet
- CPGs
- ...

# Evidence & Clinical Judgement

- personal and professional experiences
- relationship with patient
- perceived differences between primary and secondary care regarding evidence
- MD's feelings about relation with patients and with evidence
- MD's role in influencing patients
- logistical barriers

(Freeman et al BMJ 2001;323:1100)

# Decisions in daily practice

- 77 years old female patient
- presenting with fever, cough, dyspnea, malaise for two days, anxiety
- diabetes – usually stable, oral treatment
- physical exam
  - moderate dyspnea
  - 38.8 C, BP – 115/75, HR 96/min
  - pulmonary rales, bilateral
  - cough, no expectorations

# Decisions in daily practice

- differential diagnosis ?
- tests ?
  - chest x-ray
  - laboratory
  - expectorations (Gram, culture)
  - blood gases, pulse-oxymetry
- treatment ?
  - antibiotics: type, 1 vs 2, i.v. vs oral
- hospitalisation ?

# Decisions in daily practice

- «myriads» of decisions in daily practice
- only partially supported by high quality evidence
- only a small proportion of these decisions could be covered by guidelines

# Role of CPG

guidelines may

- contribute to improve knowledge
- act as reminders
- foster some changes for relatively simple decisions

but

- not change much more complex decisions or clinical skills

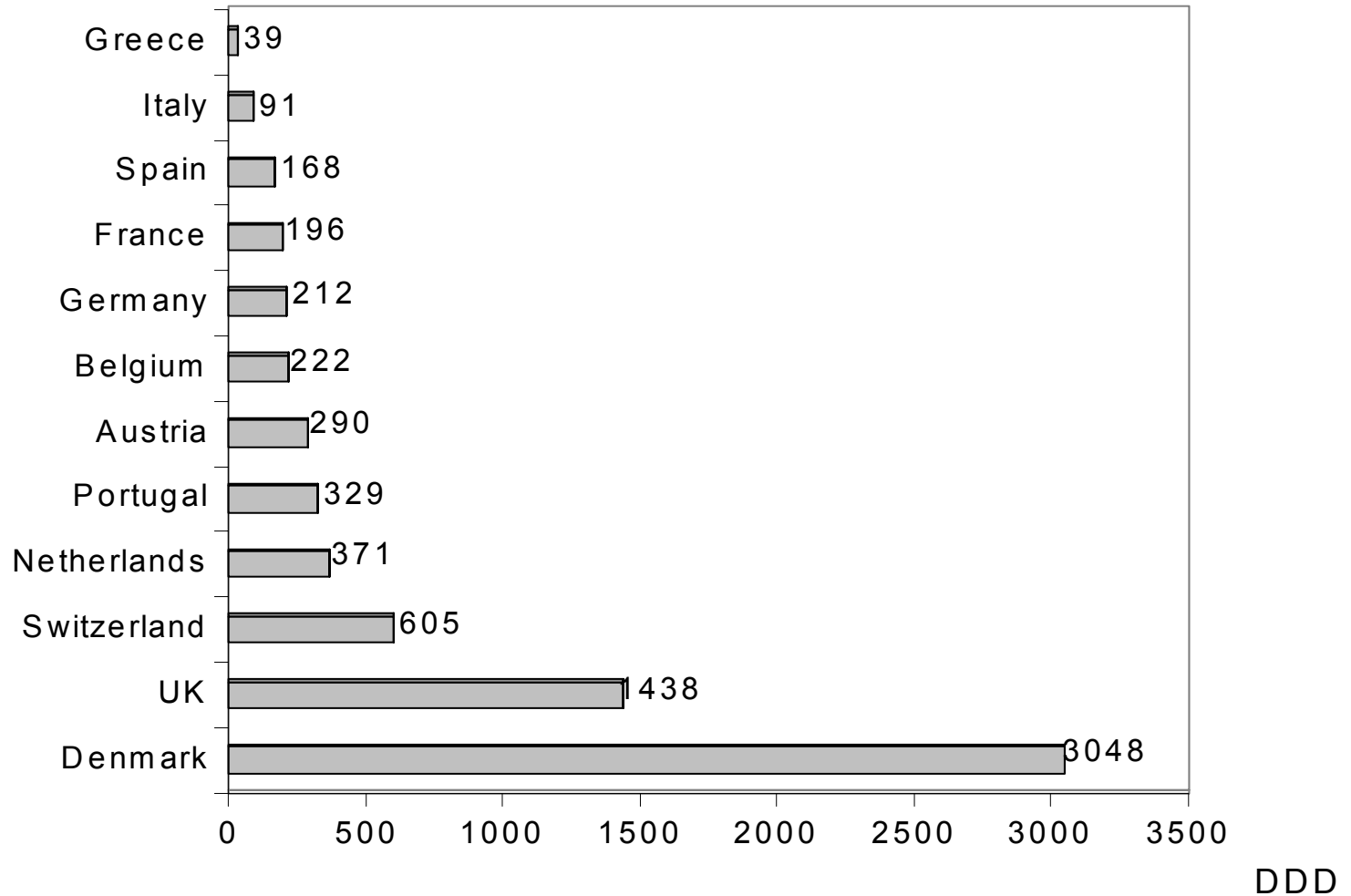


# Changes in complex clinical judgement and skills

- guidelines alone may not be sufficient (even if well implemented)  
(Bennewith et al BMJ 2002;324:1254)
- guidelines may be one component of interventions aimed at modifying complex clinical judgements and skills
  - may still not be sufficient  
(Thompson et al Lancet 2000;355:185)

# Freedom of practice

- clinical judgement is frequently associated with freedom of practice
- freedom of practice felt being under attack due to changes in healthcare system
- opposition to guidelines may reflect opposition to system changes



**Average daily consumption of defined daily doses  
(DDD, 30 mg) of morphine per million inhabitants 1986-90**

**Zenz M et al Lancet 1993;34:1075**

# Variations between CPG

## **Hypertension**

- 876 patients with a diagnosed hypertension taking antihypertensive drugs
- the proportion of patients with controlled hypertension varied from 18 to 85% using 5 different set of guidelines

*Fahey & Peters BMJ, 1996;313:93*

# Variations between CPG

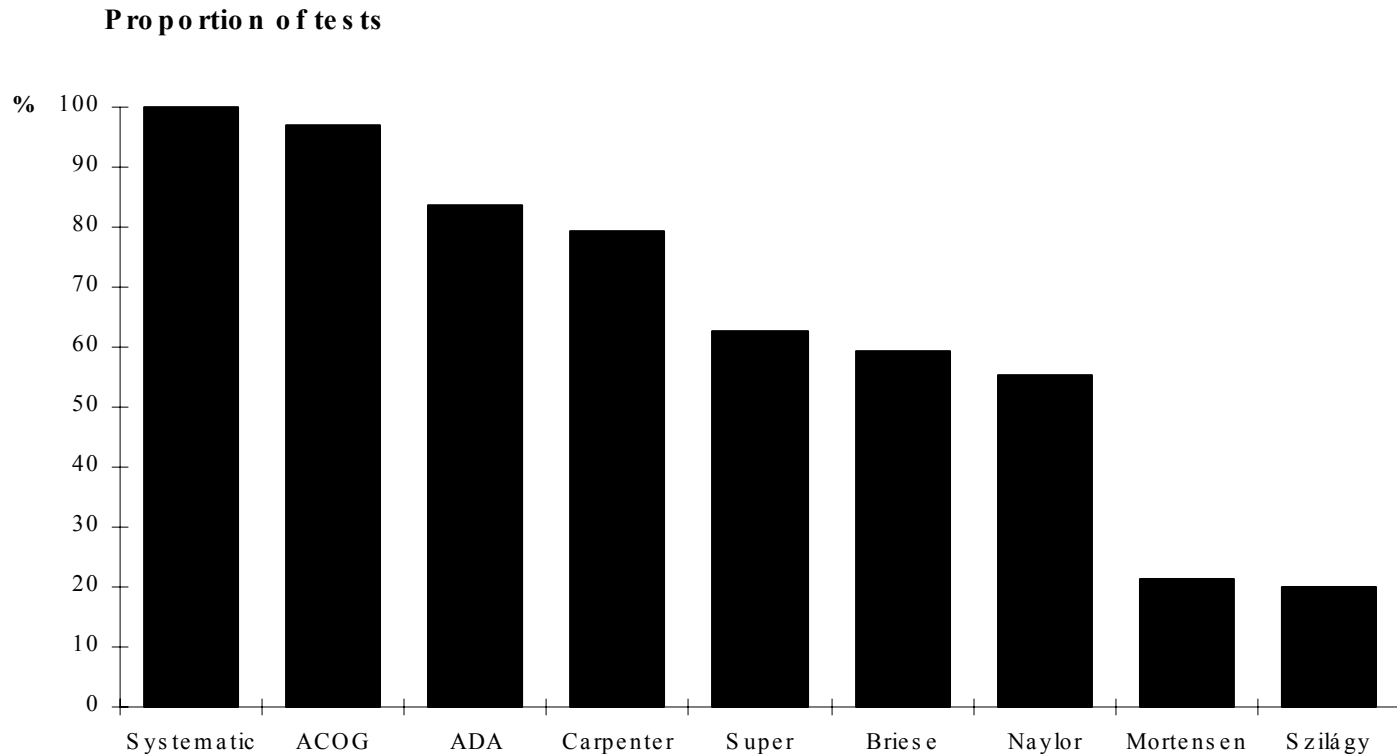
## **Screening for gestational diabetes**

- Ten published guidelines
  - universal screening (5)
  - selective screening (3)
  - screening when clinically indicated (2)
- Low quality of guidelines
  - 8-51% of a quality score

*Vogel et al Eur J Obstet Gynecol 2000;91:29*

# Variations between guidelines

**Gestational diabetes:** proportion of tests according to 10 guidelines and 6 evaluation studies in a cohort of 1793 pregnant women



# CPG and clinical judgement

- numerous clinical decisions are being made in daily practice
- only a small amount of these decisions can be made with the support of a guideline
  - importance
  - complexity

# CPG and clinical judgement

- very complex issues, new clinical skills :  
CPG may not be sufficient
- CPG may be seen as a threat to  
freedom of practice and associated  
clinical judgement
- variations between CPG :
  - differences in clinical judgement
  - changes in interpreting evidence



# CPG and clinical judgement

- CPG should be a support for clinical decisions
- variations in clinical judgement and decisions are still expected even in presence of well implemented high quality guidelines

# CPG and clinical judgement

- given the
  - complexity in the building of clinical judgement
  - insufficient knowledge about how clinical judgement is made and varies
  - existing variations between CPG
- limited impact of CPG alone until now to improve healthcare is not surprising

