

# Guidelines for the Use of Guidelines

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Medicine in general and emergency medicine in particular has been blessed by an increasing amount of guidelines, which describe inductive measures for most emergencies, to be carried out by attending physicians or paramedics. Although these guidelines originally were seen as a tool for making a decision in certain emergencies, in recent years they have gained a much stronger position. But, this is associated with important, though largely ignored disadvantages.

The intent of guideline-makers is the best—to prevent classical mistakes, mostly repeated by newcomers in the profession. However, such guidelines have been used by lawyers in their unselfish fight for their clients, formerly our patients. The judge may confirm a guideline's demand, thereby raising it nearly to the authority of law (in the absence of lawmakers' opinions). In fact, you could have treated your patient better than the guidelines prescribe by using your own standard with less risk to his or her health, but if you followed the guidelines, no one will blame you.

Interestingly, the guidelines find fearful respect among some editors. I am in possession of a review that rejected a paper describing a new technique used because the method was contrary to acknowledged guidelines. Unity creates strength, but too much unity carries the risk of creating stupidity as well.

If only studies confirming existing guidelines are published, it would endanger scientific research. But, also it would confirm the serious adverse mental effects of guidelines: people at all levels of our profession replace knowledge in pathophysiological aspects of diseases and injuries with pure learning and listing of simple guidelines.

Frequently, suppose you use guidelines for trauma-triage protocols: if your patient has 47 points, you intubate; if 60 points, you leave him dying in a mass-

casualty incident. Having participated in some major accidents in my 11 years as an (out-of-hospital) emergency physician, I wonder how anyone involved there could count points, even if they had memorized the various scores. Accepting such scores as a necessary means of trauma triage equals the statement that qualified personnel were absent, so why teach them the complex scores? Such scores may have a role in prehospital research, in evaluating the impact of a certain measure on various groups of patients. But to classify all emergency patients using a point scale to establish a few subgroups after the study has been concluded hardly seems reasonable, since this, in the absence of standardized patients, distinguishes the fine spectrum of clinical pictures in emergency medicine.

In order to oppose further development of guidelines, it is necessary to stimulate disagreement, provided this—however provocative—is disarmed for personal attacks. No guideline should be set up without admitting that there are exceptions to it, and these particularly are attributed more to the physician or the paramedics than to the patient involved. When you know the background of a guideline, you also may want to ignore it. No colleague ever should be accused of not obeying “commonly acknowledged” guidelines before hearing his or her reasons for diverting the measure. And the guideline-makers should stop attempting to set up guidelines for inductive measures for all events which may happen in clinical practice. This is in contrast to the on-going study and clinical expertise of physicians to understand the infinite variability between individual patients. Also, experienced paramedics should be allowed to proceed beyond the demands of guidelines when they can justify their measures. Fortunately, it hardly is possible to produce guidelines for any possible emergency.

Attempts to standardize guidelines internationally must be considered skeptically. A huge number of factors in organization, tradition, and resources will blur the sharp (guide) lines. Besides, who has the authority to set up international

guidelines?

If guidelines return to the stage of "decision-help" rather than that of an indispensable demand, it also will be easier to accept their need of eternal revision and research.

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