Going Dutch? How to make clinical guidelines work: an innovative report from Holland

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ABSTRACT – This article describes the findings of a recent Dutch enquiry on the translation of modern medical evidence and research into good clinical practice. There is a huge current increase in 'clinical guidelines' for many diseases, but even when reasonably evidence-based, there is little evidence that they positively affect clinical practice and patient care to any great extent. Educational and management issues are as important as the quality of the clinical advice. Patient acceptance factors also need to be considered.

This is a report prepared by the Health Council of the Netherlands in 1999 at the request of the Minister of Health, Welfare and Sport of the Dutch Government. This interesting and innovative document tackles the problem of how the growing new scientific insights into disease processes could best be translated into clinical patient care provision – possibly by the use of agreed guidelines of practice. The composition of the working party was sensibly multidisciplinary, and representative of both primary and secondary care; nor was it entirely medical – the medics took the majority by only just over half (of the total of 15 members); the others included a healthcare manager, an educationalist and a philosopher.

The report begins by explaining the potential conflicts between the 'art of medicine' and the 'science of medicine'. It emphasises the appropriateness of introducing scientific advances into medical practice, but also considers whether this process can go too far – what it calls the 'scientification' of medicine. This process impacts very much on patient dynamics – patients are nowadays much more aware of scientific advances, and are presented by the media with concepts of what doctors *should* be doing, which may be at odds with what they *are* doing. Along with this, they are encouraged to complain and litigate – a process that the Dutch report sees as a consequence of what they call the present 'information culture'.

Science, information and evidence impact on clinical practice in the form of 'guidelines' – distillations of good clinical practice based on firm evidence. This all sounds fine – but the Dutch working party point out that in the USA there are currently approximately 2,200 such guidelines, in the UK 'several hundred', and in Germany 'almost a thousand'. This explosion of advice clearly needs some sort of organisation and leadership, but this is so far lacking. Research into whether guidelines are actually followed is disappointing – the reporters performed a 'mini-meta-analysis' of such reports, and concluded that 'on average the recommendations appear to have been followed in 55% of decisions', with a variation about the mean of 0–100%. In addition, the crucial question of whether clinical guidelines actually have beneficial effects on patients shows only 'a positive effect in a minority'.

To some extent, these results are perhaps not unexpected. Simply giving out pieces of paper with the current guidelines for treating asthma, hypertension or type 2 diabetes etc is unlikely to succeed. The Dutch consider that there needs to be a 'broadening of the implementation process' – breaking the communication, educative and acceptance processes into stages and considering the factors that influence resistance to accepting new systems. These may include social, cultural, educational and management issues.

A further problem concerns the robustness of clinical guidelines. In the past, many were 'opinion-based' rather than 'evidence-based' and, perhaps not surprisingly, the former type of advice was not widely adopted. Even so-called 'evidence-based guidelines' vary in the strength of their scientific basis, and this affects their clinical uptake. The report supports evidence-based medicine, but does not give it overdue reverence. In particular, it is critical of the 'god-like' status of the randomised-controlled-trial. In this context, a major conclusion is that it is vital to

Key Points

- **Clinical guidelines aim to convert medical science into good clinical practice**
- **There is little evidence that most clinical guidelines work**
- **Clinical guidelines probably fail to work because their implementation ignores managerial and educational issues**

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Clin Med JRCPL 2001;**1**:307–8

From implementing to learning: the importance of a dialogue between practice and science in health care.

Health Council of the Netherlands, The Hague, 2000.

ISBN 90-5549-354-6

56 pages, softback

'establish a significant relationship between different types of data.'

An important element of this report is that it emphasises the role of managerial skills and systems in implementing care guidelines, and also the crucial importance of patients' opinions in developing systems of care that will ultimately be acceptable. As an aside, it is nice to know that the word 'patient' is still acceptable in Holland, and not the dreadful UK newspeak term 'client'!

This is a sensible and balanced report, tackling a crucial issue. The authors acknowledge that we still do not have all the required evidence to know how best to implement advantageous change in clinical practice, but we certainly have some of it – and enough considerably to improve our delivery of good clinical guidelines now.

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