Guidelines: To use or not to use?
That is the question

The new SEMDSA guidelines for type 2 diabetes were introduced at SEMDSA 2012, held in the beautiful city of Cape Town.

Revising these guidelines was akin to a conductor leading his orchestra. Long before the performance season begins, a number of creative and business decisions have to be taken. He or she does not just stand up at the performance and swing a baton.

This was exactly the case with the guidelines. Each member of the steering committee was tasked to review the updated literature and the Department of Health’s draft type 2 diabetes guideline document that was relevant to his or her allocated section. It was then required that an updated set of recommendations, based on best evidence and best practice, was devised.

Researching and revising each section of your guidelines is rather like practising on your instrument at home until your performance is perfect.

The first and only matinee was held over the weekend of 23 September 2011. All orchestra members had to deliver their best! Each member had to play his or her instrument solo to the other members of the orchestra, which was rather daunting. DESSA had two “instruments”, and another which accompanied another orchestra member’s instrument later. We were responsible for the education section. For the first time, a medical nutritional treatment section was added. We also added a preconception guideline segment to the diabetes and pregnancy section.

The command performance of the whole endeavour was printed in the SEMDSA edition of the JEMDSA.

So what are clinical guidelines? And why should we use them? “Clinical guidelines are statements that have been systematically developed and which aim to assist clinicians in making decisions about treatment for specific conditions.” They relate to evidence and are designed to assist good medical practice.

The developing guidelines are a structured process. Relevant evidence has to be researched and translated into a practically usable and workable clinical form.

Guidelines need to be reviewed and updated regularly. DESSA had to carry out considerable work in order to achieve this.

The education section of the previous guidelines needed to be updated by adding more reference to the importance of education for family members of people living with diabetes, as well as the special education needs of elderly people living with diabetes.

A shortcoming of the guidelines was that no nutritional guidelines were included. This had to be devised from the beginning. The result included our own “food plate” example.

We decided to add a preconception guideline as well, as it is of utmost importance that female patients are educated from a young age about the importance of preparing for pregnancy.

Guidelines need to be interpreted and used in a way that is clinically appropriate. They represent just one of many options to improve the overall quality of clinical care.

Guidelines also have their limitations. Usually, they derive from a sample population and are susceptible to misconceptions, prejudice relating to the nature of the evidence of the primary data, and personal recollections which are dependent upon the beliefs of the developers. A guideline is not equally appropriate for every individual.

Guidelines are not “magic bullets”, and enthusiasm for them must be tempered with caution. As a matter of interest, it has been found that the existence of a good guideline does not guarantee either wide or consistent use thereof. In the Netherlands, a study was commissioned by the Health Council on this matter. It indicated that guidelines had been followed in only 55% of clinical decisions. The reason for this probably lies in the inability of guidelines to address all of the uncertainties that are inherent in clinical practice.

Additional goals of clinical guidelines are to standardise medical care; raise the quality of care; reduce risks to the patient, healthcare provider, medical insurers and health plans; and achieve the best balance between cost and medical parameters with regard to effectiveness, specificity and sensitivity.

A healthcare provider is obliged to be familiar with the medical guidelines of his or her profession, and has to choose whether or not to follow the recommendations of a guideline when administering individual treatment. So where does that leave the educators and guidelines?

Yes, guidelines are necessary as a guide, but they are not law. They should be used and adapted by the individual according to the personalised needs of patients.

DESSA has invested all its efforts in ensuring that the guidelines are especially helpful to primary care givers who do not have the input of specialised diabetes educators, as well as to educators who feel unsure about a specific decision.

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