

## EDITORIAL VIEW

## PERIOPERATIVE MEDICINE

# Importance of clinical practice guidelines in anesthesia: Who is responsible for implementing it?

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## ABSTRACT

Clinical practice guidelines (CPGs) incorporate and support clinical decisions. CPGs can improve clinicians' and patients' decision-making by explicitly describing and evaluating the scientific evidence, based on the potential benefits and risks underpinning clinical recommendations, making them relevant to the specific patient encounter. The number of clinical research publications have increased to the point that new medical knowledge is expected to be double every 72 days. Consequently, clinicians depend heavily on the available evidence that has been condensed into clinical CPGs by the representative institutions or societies.

CPGs can have potential benefits and harms. Different groups have different opinions on whether clinical recommendations are useful or bad for medicine considering these contradictory effects. Though guidelines that are carefully prepared and supported by research reduce the potential risks; however, in our country CPGs have not yet been used in full potential and it is still a gray area.

**Key words:** Anesthesia; Healthcare professional; Clinical practice guidelines; Evidence based practice; Decision making

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Clinical practice guidelines (CPGs) are "statements that include suggestions designed to optimize patient care".<sup>1</sup> CPGs gather and evaluate the findings on a given ailment with the intention of guiding healthcare professionals in choosing the most effective therapy options for patients.<sup>2</sup> To help clinicians, recipients, and other stakeholders make wise judgements regarding suitable health interventions, guidelines are methodically established evidence-based recommendations. The term "health intervention" is used extensively to refer to both therapeutic and preventative measures.<sup>2</sup> Guidelines are becoming more prevalent and more comprehensive in the field of anesthesia, affecting both individual practice and departmental policy locally.<sup>2</sup> The World Health Organization (WHO) describes clinical guidelines as "systematically designed evidence-based statements which support clinicians, patients, and other relevant

parties in making well-informed decisions about relevant health interventions".<sup>2</sup>

CPGs are valued resources for practitioners.<sup>3</sup> They can aid in the opening of significant resources by minimizing variety in practice, discouraging outdated and ineffective approaches, and improving the effectiveness of healthcare delivery. Good guidelines are crucial to daily clinical practice and can guide clinicians while also helping them learn more about a subject. By reducing diversity in practice, discouraging antiquated and ineffective methods, and enhancing the effectiveness of healthcare delivery, the clinical practice guidelines can free up important resources.<sup>4</sup>

In anesthesiology, where practitioners occasionally work alone from their peers, CPGs are vital resources for practitioners. In the recent past, a wide variety of CPGs

have been published in the field of anesthesia, including the subspecialty areas of pain medicine and intensive care medicine. Clinicians are urged to follow recommendations wherever possible while taking into consideration regional customs and resources, even if they are neither legally nor professionally enforceable.<sup>5</sup> Many of these recommendations have been made by reputable professional organizations, and thus have a great chance of influencing clinician choices and directing patient care. It is consequently essential that these rules are created properly, openly, and with a solid methodological foundation. The degree to which recommendations are followed and successful patient outcomes seem to be correlated.

Depending on one's perspective, guidelines may or may not have importance for everyone. Surprisingly, there are currently no standardized criteria for developing CPGs, and the development process and methods might vary greatly. Since years, concerns about their varying quality have been voiced.<sup>6</sup> These concerns include a lack of sufficient evidence for official recommendations, the exclusion of important stakeholders, a lack of independence that might lead to bias, and poor applicability. Latest evidence has shown that standards and guidelines for general anesthesia are frequently restricted by conflicts of interest, mostly based on questionable evidence, and often the severity of the associated recommendations differs from the strength of the evidence; WHO, the Institute of Medicine, and the Guidelines International Network have called for action, that this aspect needs improvement.

A lot of CPGs are being published, accessed, discussed, and referenced. However, guidelines can be misleading, lacking in integrity and quality, and containing redundant information and recommendations.<sup>6</sup> The guidelines' main downside is the possibility of being incorrect; or may be wrong for individual patients. Ignoring the limitations of guidelines, those heavily reliant on expert opinion or nonrandomized data can have detrimental effects on the treatment and the results. The most surefire strategy to gradually enhance clinical practice recommendations in anesthesiology is to increase the quantity, variety, and caliber of randomized research.<sup>6</sup> Despite the limitations of the data that is currently available, guidelines for clinical practice are still required, but they should be adaptable to new knowledge, and revised editions published on regular intervals.

It is a professional obligation to guarantee that the care given to the patients is backed by the most current evidence, as is explicitly mentioned in many standards of conduct. Guidelines should first be made known to physicians and accepted by them before being used. Studies show that adherence to guidelines in practice

does not, however, seem to be correlated with a physician's awareness of the recommendations alone. According to these research findings, process flaws may be a significant factor in the treatment gaps.<sup>7</sup> The literature has highlighted a number of challenges to clinicians who follow guidelines. Lack of awareness or familiarity, lack of self-efficacy, lack of outcome expectations, the inertia of prior experience, or external barriers are the three categories of barriers. External barriers are related to the patient acceptance and the environmental factors such as lack of time, lack of a reminder system, lack of resources, and reimbursement. It has been proposed that a "knowledge-attitude-behavior structure" is required to get through the barriers and the challenges.<sup>8</sup>

For effective implementation of guidelines, PSA (Pakistan Society of Anesthesiologists) should develop clinical practice guidelines at the national level that are based on the most recent research and support a set of shared standards that address the structure and process. A multidisciplinary panel of knowledgeable specialists that include members of the major affected groups should produce clinical practice guidelines. The PSA should seek to establish a committee that will assure the development of CPGs with agreement from academicians, anesthesiologists, and consultants from all around the nation to create findings that are transparent and reproducible. The committee should also think about ways to adapt CPGs for patients who have several illnesses, how to reduce the number of overlapping guidelines, and the standards for CPGs implementation, evaluating the need of organizational and environmental support. Moreover, the guidelines should be practical that anyone can comply around the community and, as far as possible, be based on equipment available and local resources.

Additionally, cooperation between the hospital and the department is necessary for its implementation and an increase in the efficiency of healthcare service. In case of the formulation of new guideline, the authors should include a justification for their creation as well as how they improve upon existing ones. Instead of merely endorsing an existing policy, we should anticipate a defense of why a new one was created. Additionally, the rationale behind any conclusions that differ from earlier recommendations on the same subject should be investigated and disclosed. To make sure the guidance they provide is still relevant, guidelines should be reviewed both internally and externally to their production group on a regular basis.

Furthermore, it is said that giving instructions does not guarantee that the CPGs will be followed; instead, human, organizational, and environmental factors influence its effective implementation. According to one

study, teamwork, leadership support, CPG champions, learning through group interaction, and support from professional associations, were all elements that helped with guideline adoption.<sup>9</sup>

### Conflict of interests

None declared by the authors

### Authors contribution

Both authors contributed in the preparation of this manuscript.

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