

## EDITOR'S CHOICE

### US EDITOR'S CHOICE

# Can you trust your clinical guidelines?

Edward Davies *US news and features editor, BMJ*

In the 2500 or so years since Hippocrates and his followers penned the first medical guidelines, things have come a long way. “Do no harm” is a reasonable starting point, but a physician treating just about any disease imaginable could do with, and indeed can now call on, a little more help than that.

And so guidelines are rightly ubiquitous. The collating of research, sharing of experience and dissemination of best practice are critical to ensuring that all physicians are treating patients in a way that is supported by and endorsed by the best evidence available.

Given that clinical guidelines are meant to form the basis of practice for all physicians, we should also ensure that they are unambiguously of the highest quality possible, and various bodies and organisations go to great lengths to ensure it.

However, this week Jeanne Lenzer’s feature looks at a reality that finds this is not always the case (doi:10.1136/bmj.f3830). In particular her article focuses on conflicting interests—something that has long been a problem.

Frequent calls have been made for the authors of guidelines to be free of competing interests, after several high profile cases

in which guidelines were potentially distorted by the possible gains on offer to some of their creators. Although the relationship of doctor and industry can be complex and indeed sometimes beneficial to patients, it does not seem overly fanciful to hope that guidelines for best practice, that all doctors look to, should be as free from competing interests as possible.

And yet, repeatedly, they are not. And sometimes conflicts are not even declared.

The point of the article is not to vilify individuals, who often give huge amounts of time and effort to writing guidelines, or indeed to undermine the important role that guidelines can play.

However, there is a line of trust from patient to physician, and physician to expert. If either part of the line is damaged by perceived or actual conflicting priorities, we are unnecessarily putting patients at risk.

You can also hear from the author in our weekly podcast (<http://bit.ly/195fw4J>).

Cite this as: *BMJ* 2013;346:f4003

© BMJ Publishing Group Ltd 2013