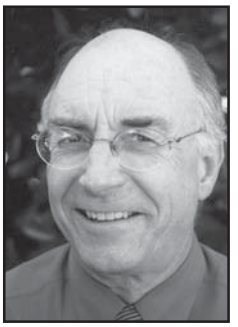
Editorial



Tony Townsend has been a general practitioner for 30 years. Although he has dabbled in medical politics, medical ethics, community-based teaching, university-based teaching, quality improvement and assessment, his passion remains clinical general practice. He is currently a full-time general practitioner in Whangamata.

Guidelines and evidence

A few years ago I was on Safari in Botswana. To allay any concerns, it was a safari with cameras not guns, although even the game hunters with their cameras have exacted a huge toll on the fascinating but fragile ecosystems of African wildlife. Four of us, with a local guide, had set out in a small boat to explore part of the Okavango Swamp.

When we first arrived at the base camp our guide had gone over some of the basic rules of the African Safari. These included quite reasonable cautions such as not wandering around at night as lions and hippos roamed freely in the camps, not to put ourselves in dangerous situations such as having an elephant calf between oneself and its mother as the mother would likely attack and, if we were to come across game animals unexpectedly, to stand quite still and then very slowly move away.

During our excursion we stopped to stretch our legs on a small bush-clad island and my friend and I wandered down a bush track to attend to the call of nature. We arrived at a small clearing and were intrigued to see that we had stumbled upon a baby elephant. We looked a little more closely and were horrified to see that not far behind the baby was a huge mother of an elephant staring straight at us. We looked at the mother, who was slowly starting to move towards us with her ears flapping, looked at each other, turned tails and ran as fast as we could. The monster of a mother followed us for a short while and then gave up and went back to her baby.

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Why am I going on about this? Well, we broke the rules. We had absolutely no intention of putting ourselves into a vulnerable situation but we had. We knew that the rules said that we should stand still, but our gut feelings told us something else. If we had been asked to appear before the African Safari Commissioner to justify our behaviour, could we have done so? Perhaps, or perhaps not.

In medical practice we often unexpectedly encounter situations that are similar but not the same as those from which the evidence was obtained and the guidelines subsequently constructed. Each encounter in medical practice is unique and although guidelines, if available, will be helpful most of the time, the individual circumstances of each situation will ensure that, from time to time, deviation from generally recommended practice is warranted or even, on occasions, essential. One of the skills of good doctoring is to consider and discuss deviations from standard practice if these might be in the best interests of our patient.

The theme papers in this issue criticise clinical guidelines and evidence-based medicine. I mean criticise in the sense of analysis rather than disapproval. There is no argument with the concept of high quality evidence-based guidelines. They are another tool to help us to help our patients. But they are not standards from which we should not deviate and great care is required when using clinical guidelines for audit and accountability.

The fact that I am able to relate this story is evidence, albeit at the very lowest level, that adhering strictly to guidelines is not the only way to achieve a desirable outcome.