

Importance of Local Societies Guidelines in Medical Advising for Real Life Practice

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Received: November 25, 2019; **Published:** December 02, 2019

In the past century, the amount of scientific information has grown tremendously in every field of education, due to the increase in science production and data accessibility that Internet has been able to provide worldwide. It is expected that medical knowledge double in a period of time as short as merely 73 days in 2020, according to Prof. Peter Densen's predictions in 2011, addressing the problem of how to keep it up during medical graduation [1]. He stated that a student starting medical school in 2010 will experience nearly three doublings in knowledge by the time he/she completes minimal training needed to practice medicine. Graduates in 2020 will have to cope with four doublings in knowledge.

The expansion in medical information is a burden even heavier to senior physicians, working on a daily face-to-face contact with patients, regardless the specialization. A great majority of them practice in areas far from large urban centers and famous universities, for whom the access to refreshing courses and conferences might be extremely troublesome. On the other hand, a number of medical societies try to fulfill such gap by publishing guidelines and recommendations about specific clinical conditions, that bring valid data based on the best available research and practical expertise [2]. Truth must be said; they have actually been doing great so far! Numerous healthcare professionals, patients and even insurance companies benefit from it. The problem is that not every medical question faced by physicians in the real world can be answered by institutional guidelines. And worst, such recommendations can be wrong!

Well, at least wrong for individual patients, such as that very one who sat in front of you, across your desk this morning in the office. Yes, we need to admit, guidelines have limitations and may misjudge in determining what is best. A few reasons can be explored [3]. The first one is generalizability; indeed, what was tested in a controlled scenario might not suite the overall population. Misconceptions on the opinions expressed by experts, who believe they know what is best for their set of patients, may be in clinical practice inferior to other options of treatment, or even harmful. Finally, recommendations that aim to reduce costs, or to meet the interests of a third party, might be chosen disregarding patient's perspective. There is a thin line between promoting a guideline and

meeting the interests of patients, providers, payers, and the health-care system.

That is a reason why specific guidelines developed by national and regional surgical societies, play an important role in trying to address particular clinical problems faced by surgeons, mainly in developing countries. Initiatives in this direction have gained space in literature recently, such as a couple of consensus that the Brazilian Society of Surgical Oncology has just concluded and is about to publish. One of these papers focus in the surgical treatment of endometrial cancer in regions with limited resources. In other words, it is a guidance dedicated to surgeons who do not have access to magnetic resonance, positron emission tomography scans, laparoscopy equipment, sentinel lymph node mapping, and even frozen-section examination. This is the reality for literally millions of patients throughout the world. Certainly, it will bring more enlightenment and orientation to our colleagues than European and American guidelines.

Bibliography

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Volume 3 Issue 1 January 2020

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