
The idea of a Guideline for writing Guidelines is on first contact faintly reminiscent of the annual Congress for the Organizers of Congresses; but it deserves to be taken very seriously.

In Canada (and to a rather lesser extent elsewhere), Clinical Practice Guidelines have become an essential part of efforts to improve the quality of care. Even within that one country there is a risk that efforts to provide standards of practice in this way will result in contradictions and discrepancies, if only because more than forty health organizations are producing them, in consultation with the CMA and other bodies. In fact Canada has always made efforts to provide this venture with a solid theoretical foundation; when it started in 1992, a series of research papers was produced to determine how it should proceed. The first set of individual guidelines appeared in draft at that time.

The present document stresses that guidelines for practice must be flexible, that the primary interests of the individual patient may need in some ways to be balanced against the needs of other individuals and of society as a whole, and that informed decision making both by patient and physician is basic. The task of developing these standards, it is stated, remains primarily with the medical profession, though in consultation with other parties; one is inclined to comment that this may be the case in a society as progressive as Canada, but that where the profession fails to define standards there will be a place for other groups to take the initiative. Commendably, “Guideline 13” underlines the fact that there has to be a systematic monitoring process for clinical guidelines, to ensure that they are in fact having an effect; nothing is more misleading than high declarations of principle which remain a dead letter.

I am not aware of anything comparable to this booklet in other countries; anyone who is engaged in setting practice standards should write to the CMA for a copy.

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I was barely into my second month of clinical clerkships when, in the middle of a ward-round, the registrar paused and pointed back at a patient in the