Correspondence

My name is Eklavya: Indian guidelines are necessary

Keywords:
Guidelines
India
Western
Good clinical sense

The guru–shishya (teacher–disciple or mentor–mentee) relationship has been the basis of medical education since ancient times. With the help of modern communication technology, our Dronacharyas now are able to connect with multiple shishyas. Thus, they can mentor not only the few Arjunas working with them, but also countless Eklavyas, practising in remote locations, bereft of expert guidance and support.

One way of reaching out to the physician community is through guidelines. Mishra and Chaturvedi provide a comprehensive overview of the need for India-specific guidelines, and suggest ways of maximizing their impact. We concur with their views and strengthen their argument as follows.

1. Appropriateness

As observed by Mishra and Chaturvedi, Western guidelines may not always be relevant to the developing world. This is due to basic differences in at least seven domains, which we term The Seven Ps (Table 1).

2. Accuracy

All guidelines may not necessarily be accurate. Pragmatism and ‘good clinical sense’ are often overlooked in the pursuit of methodological puritanism. For example, guidelines endorse the use of glibenclamide in pregnancy, while discouraging its use in non-pregnant adults. This discordance may be due to a strait-jacketed literature search, and due to lack of involvement of experienced clinicians in authoring the pregnancy-related guidelines.

3. Acceptability

As pointed out, authors should have experience and eminence to the guideline writing table. This will enhance not only appropriateness and accuracy, but also ensure acceptability of the document, and promote its usage.

Having a multi-disciplinary, multi-regional/multi-national writing committee, drawn from diverse backgrounds, adds to credibility of a published guideline. There are published guidelines on how to write guidelines: these must be looked at by prospective authors.

4. Terminology

The correct use of words is an important part of responsible writing. The word ‘guideline’ may appear arbitrary and autocratic to some. While ‘recommendation’ and ‘guidance’ are less forceful, they continue to convey a sense of ‘academic paternalism’. Opinion leaders should therefore consider the use of nouns such as ‘suggestions’, ‘consensus statements’, ‘algorithms’, and ‘decision aids’ to describe their documents.

5. Target identification

In part, choice of terminology should depend upon the audience that a particular ‘guideline’ targets. The methodology, writing style, and content will vary according to the professional, disciplinary, and geographical reach, planned for a particular ‘guideline’.

6. Strategic planning

Such planning should include identification, in unambiguous terms, of the proposed target audience, objective of the
Table 1 – Aspects of medical care, which may differ between countries.

- Patient characteristics
- Priorities in health
- Provider system (health care systems)
- Physician training/exposure
- Paramedical support
- Product availability
- Pricing (finance)

publication, and post-publication dissemination and follow-up strategy. A guideline is a dynamic entity, which evolves as our understanding of science improves. Encouraging interactive feedback from readers, as is done by editors of Indian Heart Journal, is one way of fostering this dynamism. This is an excellent way of reaching out to the many Eklavyas, who need the support and guidance that only India-specific guidelines can offer.

7. Summary

To summarize, well-crafted India-specific 'guidelines' are necessary. These should utilize terminology appropriate to the target population, and should be accompanied by a well-thought strategy to ensure dissemination and utilization. They should be considered a dynamic document, and should be upgraded at regular intervals, incorporating feedback from end-users and readers.

Conflicts of interest

The authors have none to declare. The above manuscript is solely the opinion of authors and the Editorial Board of Indian Heart Journal in no way subscribe to the above views.

REFERENCES


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