



UNIVERSITY
OF MANITOBA

Balance in Medical Care

Brent Kvern, MD, CCFP, FCFP

Elizabeth: Wait! You have to take me to shore. According to the Code of the Order of the Brethren -

Barbossa: ...the code is more what you'd call "guidelines" than actual rules. Welcome aboard the Black Pearl, Miss Turner .

Pirates of the Caribbean Script - Screenplay by Terry Rossio and Ted Elliott

Why is it that guideline after guideline is developed, published, and distributed, yet there is little to no evidence that physician care patterns or patient outcomes change?

Medical educators know that the distribution of unsolicited medical information has minimal power to impact the behaviour of most physicians. The reasons for this are as diverse as each physician receiving the information. Obviously we all have competing interests for our time and energy, so it should be no surprise that guidelines have had as little impact as they have.

But the collection, weighing, and discussion of knowledge undertaken to produce guidelines

are important first steps. Having a clear approach of what to do for most patients—based on a combination of evidence and consensus of experts—serves as the foundation for improving patient care. I view these processes as part of the “science of medicine”.

What we seem to have lost is the “art of medicine”—by which I mean knowing our patients, communicating clearly, negotiating individualized management plans, and achievable lifestyle changes. Most practitioners realize, at a gut level, that a pure algorithmic approach to medical care is not optimal. We know that we cannot, nor do not want to, utilize a cookbook approach to caring for our patients. One of the dilemmas we face is finding the right balance between the science and the art of medicine—between being formulaic and being responsive to individual needs.

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Editorial

Guidelines often tell us the “how” and the “who”; what we seem to be missing is a clear discussion of the “who not to”. Physicians who consciously deviate from guidelines because of individual patient issues—be it cost, multiple medications, patient personality, or any of a multitude of reasons—are likely providing stellar care. Physicians who do so unconsciously, due to a lack of awareness, are providing less than optimal care, even though the clinical outcome may be the same. The intent matters.

We need to be developing discussions not only about the strength of evidence used in creating the guidelines—the presumption being that strong evidence from good quality information will be more likely to produce useful guidelines—but we also need to openly discuss

the reasons we do not always apply guidelines. More work needs to be done to articulate, understand, and accept the inequality of guideline application across a physician’s practice.

We care for individuals within a practice. Working with the individual allows us to make specific care recommendations and negotiate appropriate management plans. The flexibility needed to do this must be rooted in strong knowledge-based evidence and recommended best-care practices. However, the negotiation process and decision to deviate from the application of a guideline needs to be better understood. The science of medicine must be balanced with the art of medicine. After all, guidelines aren’t rules. CME

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Remember This...



Remembering is difficult... but even more difficult if you have Alzheimer Disease. A disease, which affects the brain, erases memory, and eventually takes life itself.

The Alzheimer Society provides information, support and funds research into the cause and cure. To find out more contact your local Alzheimer Society.

www.alzheimer.ca
Help for Today. Hope for Tomorrow.

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