

Editorial

Guidelines for the diagnosis and treatment of common diseases are definitely in vogue in many countries, certainly in Germany and the United States. The initiative for their development has come from doctors and medical bodies. However, the 'demand' for guidelines is also fuelled by the activities of health care authorities and health insurance corporations.

This issue of *Urologia Internationalis* consists of contributions based on a detailed discussion of the guidelines published by the German Society of Urology (Deutsche Gesellschaft für Urologie) for the treatment of common urological malignancies. These discussions took place at a symposium held in Zurich in October 1998 and the manuscripts published in this issue represent a summary of the lectures given at this meeting as well as a review of the evidence on which the guidelines are based.

Guidelines are helpful in providing orientation and standards in today's medical world where developments of research and techniques can sometimes be rapid. However, recently the principle of providing guidelines has come under discussion. There are concerns that too many and too explicit guidelines can limit the individual doctor's freedom of decision, that the value of individual experience will be underrated, and that patients and health-care institutions will demand treatment by guidelines. This discussion is at present particularly intensive in Germany where the notion of doctor's 'freedom of treatment' has traditional value.

No doubt guidelines do have a normative function, but they are not law. As evidence-based products of intensive review of the available scientific and clinical basis of management policies by specialist medical bodies, they do carry some weight. This is not to be implored but should be seen as an advantage not a disadvantage, neither for the patient nor the doctor.

In a multi-media-based society patients are often much better informed than they used to be and 'second opin-

ions' have become common practice in European urban medicine. It is unavoidable that more patients than before will have accessed detailed information including guidelines before making treatment decisions. Indeed, an increasing number of patients want treatment suggestions rather than decisions from their doctors.

For the doctor, guidelines provide a standard which can be followed – there is no must. However, as they represent the balanced, evidence-based opinion of a panel of experts in their field, they should be considered when making treatment decisions. First of all, they are an aid to the everyday management of often complex clinical problems.

Guidelines are certainly not strict rules nor should they be regarded as such. Exceptions will be necessary in many individual cases and must be made whenever they are necessary. However, the doctor must be prepared to answer the patient when asked why his/her treatment was different from that outlined in guidelines. Taken one step further, in cases of litigation it will be difficult to condemn treatment which was undertaken in accordance with accepted guidelines, while treatment outside guidelines will have to be carefully justified and defended. In this sense, guidelines will certainly restrict the liberty of treatment decisions. However, they will also provide protection for doctors.

Guidelines must be reviewed regularly and will have to be changed whenever new insights and developments require updating. They are in many ways a result of a changing society where the flow of information is higher and faster than it ever was before. When we keep in mind that it is the first and foremost goal to treat the patient as an individual and at the same time manage his/her disease with the most up-to-date competence available, then guidelines can and should be seen not as a bureaucratic hindrance but as a valuable aid for good clinical practice.

M.P. Wirth, K. Miller, H.-P. Schmid