

Clinical guidelines from specialty societies often biased

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Clinical practice guidelines issued by specialty societies in North America often recommend health care services linked to their specialties, in contrast with European guidelines and those from independent organizations, argues a commentary published in *CMAJ* (*Canadian Medical Association Journal*).

"Regardless of country of origin, physicians often recommend procedures and treatments that they are trained to provide, a phenomenon known as 'specialty bias,'" write Drs. Ismail Jatoi, University of Texas Health, San Antonio, Texas, and Sunita Sah, Cornell University, Ithaca, New York. "This may explain why medical specialty societies frequently issue guidelines calling for greater use of health care services linked to their specialties ..., thereby exacerbating overdiagnosis, overtreatment and increasing health care costs."

For example, the National Comprehensive Cancer Network in the US included 25 urologists on its 32-member guideline panel for prostate cancer and recommends prostate-specific antigen (PSA) screening for healthy men aged 45 and older. By contrast, the Canadian Task Force on Preventive Health Care, with no urologists on its 9-member panel, and the European Society for Medical Oncology, with one urologist on its 4-member panel, both recommend against PSA screening for men of all ages.

The type of health care system, such as fee-for-service, can also affect the type of recommendations, with specialists in such a system



recommending more intensive diagnostic and treatment guidelines.

"Evidence-based <u>clinical practice guidelines</u> can improve health care delivery," write the authors. "Yet specialty bias and fee-for-service conflicts of interest threaten their validity and may lead to unnecessary overuse of <u>health care services</u>. More is not necessarily better in medicine; if anything, patient outcomes may be worse the more "care" they receive. Every medical test, procedure and treatment adds risk against potential benefit, and some may lead to more harm than good."

More information: Canadian Medical Association Journal (2019). www.cmaj.ca/lookup/doi/10.1503/cmaj.181496

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