EDITORIAL

Clinical Practice Guidelines in Deutsches Ärzteblatt International

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Accompanying the article „Clinical Practice Guideline: Non-Invasive Mechanical Ventilation as Treatment of Acute Respiratory Failure“ by Schönhofer, Kühlen, Neumann, Westhoff, Berndt and Sitter in this issue of Deutsches Ärzteblatt International

The article by Schönhofer et al. on non-invasive ventilation is the first of its kind in Deutsches Ärzteblatt International: this is the first time that we are publishing S3 guidelines in abbreviated form under the new heading "Clinical Practice Guideline."

In doing so, Deutsches Ärzteblatt International is responding to a change in the culture of medicine that has led to a boom in the publication of guidelines. In Germany, this has largely happened in the last 10 years. Even before the era of clinical guidelines, scientifically oriented physicians felt the need to justify their therapeutic recommendations with scientific evidence. S3 guidelines, however, are among the most comprehensive methods ever devised for the systematic assessment and encapsulation of therapeutic knowledge.

More than a simple review article

Guidelines, as defined by the Association of the Scientific Medical Societies in Germany (Arbeitsgemeinschaft Wissenschaftlicher Medizinischer Fachgesellschaften) [AWMF], are "systematically developed decision-making aids for physicians that are applicable to specific situations," based on current scientific knowledge and practically tested experience.

S3 guidelines are the highest-quality class of guidelines. The designation "S3" implies that the guidelines have been developed systematically: they have been produced by a representative panel; the statements they contain are exclusively based on a systematic analysis of the available scientific evidence; and they have been issued by the representative panel after a structured process of consensus-building (1).

The abbreviated guidelines published in this volume, for example, were issued by a panel of 30 experts representing 12 scientific medical societies and associations and including all groups to whom the topic is relevant. These experts performed a systematic literature search, examined more than 2900 articles according to predetermined criteria, and then finally evaluated about 240 of them by a standardized method. The guidelines were agreed upon in two conferences by a structured process of consensus-building under the moderation of the AWMF. This process took account not only of the scientific evidence revealed by the publications, but also of the expert panelists' practical experience.

It is easy to imagine the intellectual, logistical, and at times even emotional strain that goes into the creation of S3 guidelines. Ina Kopp, the deputy chair of the AWMF's standing committee on guidelines, has estimated that a single set of S3 guidelines can easily cost 150 000 to

300 000 euros to create; these funds must be provided by the participating medical societies. This large expense also explains why only 52 S3 guidelines were issued in the past 10 years, while the AWMF's central Internet site for guidelines (<http://leitlinien.net>) displays 819 guidelines of types S1 and S2, which are much easier to prepare.

Guidelines should not be considered graven in stone, nor should they lead to "cookbook medicine." Every physician bears the responsibility of applying the guidelines to the clinical problems of the patient. Even the long version of guidelines, which may easily run over 100 pages, cannot possibly answer every clinical question that might arise. Guidelines are not legally binding on the physician: acting against a guideline is not proof of malpractice, nor is acting in accordance with a guideline proof of correct treatment.

The authors of S3 guidelines have the opportunity to publish them here in abbreviated form. Unlike all other manuscripts in Deutsches Ärzteblatt International, the Editors do not submit S3 guidelines to further peer review. Like other journals, e.g., *Annals of Internal Medicine* in its series "Clinical Guidelines," Deutsches Ärzteblatt International considers high level guidelines (S3) the result of a meticulous evaluative process and broad consensus-building – a process more rigorous than usual peer review. The S3 guidelines, however, are copy edited in order to improve readability.

S3 guidelines, once developed, will not be automatically published in this journal: for example, the topic might be of too narrow interest. Nor can Deutsches Ärzteblatt International publish guidelines that have already appeared in full or short form in other journals. It would thus be helpful for physicians involved in the generation of guidelines to contact the Editors early if they are interested in having their work published in Deutsches Ärzteblatt International under the heading "Clinical Practice Guideline."

Conflict of interest statement

The author is Chief Scientific Editor of Deutsches Ärzteblatt and Deutsches Ärzteblatt International.

Translated from the original German by Ethan Taub, M.D.

REFERENCES

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