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When clinical practice guidelines fail

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See [Case Report](#) page 1514

In today's *Lancet*, Andrew Beggs and colleagues report a patient with chest pain, hypotension, and ST-segment elevation, for whom practice guidelines suggested thrombolytic therapy. However, the treating team's clinical suspicion, based on new neurological symptoms, led them to discover a dissected thoracic aorta, an absolute contraindication to thrombolytic therapy.

Evidence-based medicine is strongly emphasised in training. Practice guidelines and algorithms are partly an extension of this culture, and have been championed in the medical world for their ability to provide evidence-based recommendations for disease management, as well as some degree of medicolegal protection to the treating physician. Perhaps the best examples in which algorithms play a central role in education and practice are the courses on advanced cardiac life-support.

Beggs' case reminds us of three points. First, enthusiasm for guidelines must be tempered with the knowledge that they are fallible. They should not be a replacement for clinical judgment or for the previous gold standard, experience. The dangers in over-reliance on guidelines

should be stressed to trainees, who often find comfort in the rising prevalence of management guidelines, particularly at night when their senior may not be inhouse and the trainee is reluctant to "bother" that senior at home. Second, such guidelines should not be viewed as static: they must be regularly revised and amended as new data become available or as deficiencies become apparent. Third, there remains room for interpretation. As Beggs and colleagues note, "new neurological signs are not specifically mentioned" as contraindications to thrombolytic therapy in the guidelines for management of patients with ST-segment-elevation myocardial infarction; however, aortic dissection is mentioned. The astute physician will include aortic dissection in their differential diagnosis for new-onset neurological symptoms and hypotension.

As Beggs suggests, the "combination of chest pain and new neurological symptoms" should be considered as a new contraindication to thrombolytic therapy. The case is a dramatic example of how there remains both an art and science to clinical medicine. ■ [The Lancet](#)

Getting Africa on the front page

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Of every ten people infected with the Marburg virus in Angola, at least nine are dead in a fortnight. More than 230 people have died of the haemorrhagic fever caused by Marburg virus and the outbreak, which began last October in Uige province, is still uncontrolled, despite the efforts of WHO, the US Centers for Disease Control and Prevention, and Médecins Sans Frontières. That number may jump as deaths outside hospitals continue to be discovered and if speculation that this version of the virus is a more deadly recombinant strain turns out to be true.

In 2003, the Asian outbreak of severe acute respiratory syndrome (SARS) was front-page news for months. It had a fatality rate of 9.6% and 774 people died. The spread of West Nile virus in the USA over the past several years has also been covered extensively—West Nile virus's fatality rate was less than 0.15% and it caused 654 deaths in 6 years. Given Marburg virus's 90% (or more) fatality rate in Angola and the complete lack of treatment options, this outbreak has garnered surprisingly little attention. Google shows roughly 700 000 mentions of "Marburg

virus". It had ten times that number of mentions for "SARS" and five times as many for "West Nile virus". In China, however, they seem quite able to imagine Marburg virus spreading through the streets of Shanghai or Beijing. The Chinese media has covered the outbreak steadily and China has sent a shipment of humanitarian aid to Angola to help fight the outbreak.

So why do diseases in African countries get so little attention from the west? Are horrific diseases just expected to take their toll in developing countries? Are they only big news when they start to kill the wealthy?

April 24 is World Poverty Day—a good day for the developed world to begin focusing on the diseases of those in poor countries, perhaps with more visible and targeted foreign-aid contributions. The additional media attention that such contributions would bring could stimulate discussion about the diseases and help fight some of the superstitions and ignorance that have made it so difficult to control the Marburg virus outbreak in Angola. ■ [The Lancet](#)