

Clinical guidelines in Hematology

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Clinical guidelines are now a powerful tool in decision making in the complex process of healthcare. There is no absolute definition of its impact on the clinical outcomes and in different patient populations. Nevertheless, its role is unquestionable in the regulation and organization of the healthcare system as a whole.⁽¹⁻⁸⁾

Evidence-based clinical guidelines balance the diverse interests involved during the process to ensure that patients receive an adequate standard of healthcare. Through clinical guidelines we can compare our experience with recommendations, which not only teaches us and brings our knowledge up-to-date, but also allows us to reflect on the main issue: what level of uncertainty am I accepting with my current conduct of this patient?⁽⁹⁻¹⁵⁾

The central principle of the *Associação Médica Brasileira (AMB)/Conselho Federal de Medicina (CFM)* Guidelines Program is to prepare the physician to answer four basic questions: a) what do I do in my clinical practice; b) for whom do I do it; c) how do I do it and d) why do I do it?⁽¹⁶⁾

The development of recommendations can be interpreted as a way to limit medical autonomy, but in fact, it is to make our actions in healthcare in Brazil transparent, clearly stating the strength of scientific evidence that supports each of these conducts by estimating the level of uncertainty involved in decision making.⁽¹⁷⁻²²⁾

We established standards, providing conduct options focused on the patient in relation to what we do: recommendations for diagnosis, prevention, treatment and prognosis; for whom we do it: patients with indications to meet their expectations and individuality, and never forgetting the minorities; how we do it: defining the method by which to develop our detailed and explicit conduct; and why we do it: to support our decisions on the benefits, risks and harm to patients.⁽²³⁻²⁶⁾

The AMB-CFM Guidelines Program together with the societies of medical specialties, members of the AMB, has already prepared 500 clinical guidelines and today has about 120 in development. In addition, continuing medical education and participation in international networks that develop evidence-based guidelines is included in the Guidelines Programs.

In 2011, Brazilian hematology through its society (the *Associação Brasileira de Hematologia e Hemoterapia – ABHH*) started an unprecedented process of developing evidence-based protocols within the AMB-CFM Guidelines Program. The association initially chose six major hematological diseases: Sickle cell anemia, chronic myeloid leukemia, acute promyelocytic leukemia, non-promyelocytic leukemia, idiopathic thrombocytopenic purpura and multiple myeloma.

Each theme (Guideline) is composed of important clinical questions (on average 15) prepared by experts. These questions are structured using the acronym, PICO (P: patient, I: Intervention C: Comparison, O: Outcome) as a guide to search available evidence by an extensive systematic review of the literature to find evidence to support the recommendations for each clinical question. The recommendations are based on the strongest scientific evidence and aim to help hematologists make their decisions on each individual patient.^(3,16,19,21)

In mid-2012, the first six issues will be completed initiating a series of feasible guidelines developed using a rigorous methodology written in a clear and objective language. Without doubt, participants at all levels of the healthcare system will benefit, but mostly these benefits will be reflected in the care provided to hematology patients in Brazil.

We recognize the difficulties of obtaining and critically analyzing the evidence, the pressure of interest that are not always directed to the care of patients and the difficulties of the National Health System in relation to its structure, diversity and inequality. But we also know the effort and determination of many, who, through the guidelines, will establish a discerning, flexible, ethical, and reflective language, based on evidence that meets the basic needs and expectations of patients.^(2,21,22)

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