

A Guideline to Fit Them All

Doporučený postup vhodný pro všechny

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Several times in the last few years I have expressed concerns over possible adverse effects that the current and future Orthopaedic Guidelines may eventually have in our profession. My concerns have been primarily based on reservations concerning the proliferation of Subspecialties within our discipline, which could result in an exaggerated fragmentation. A fragmentation that not only might weaken the cohesiveness the profession has traditionally sustained, but also resulting in an undesirable increase in the cost of care of musculoskeletal medical conditions (1, 2, 5, 6, 7, 8, 9, 10, 11).

Providing guidelines for every orthopaedic condition to which the orthopaedic community must adhere could be interpreted as a mandate to be obeyed. If solid evidence of unquestionable validity of the guidelines were to exist adherence to them should not be questioned (3, 4, 9). However, this is not the case at this time and perhaps won't be for a very long time. Guidelines are prepared by small groups of orthopaedists who, like the rest of us, are possessors of prejudices and biases. To expect from the orthopaedic community strict obedience to the "mandates" is an unrealistic dream. It runs contrary to the long-standing traditions of freedom, which constitutes a basic tenet of the foundations of our civilization. In addition, it ignores the importance that the fear of litigation plays in the entire project (1, 8, 9, 11).

There are large number of circumstances that makes a deviation from protocols most appropriate. Any orthopaedist who gained knowledge and experience in the rough and tumble of the practice of the profession faced scenarios where even unconventional approaches to specific conditions were ethically and morally mandatory. For a patient suffering from a degenerative or traumatic condition, for which is widely accepted that surgery is the preferred treatment modality, a nonsurgical treatment is the appropriate route if a medical condition that forbids surgery happens to exist; likewise, an acute or chronic skin condition that would lead to a post-operative major infection; or the realization that the surgeon lacks competence in the particular area. Though rarely encountered reasons for dismissing surgery are patients who for fear

of death or other complications refuse any surgical intervention.

Rather than expecting orthopaedists to follow specific guidelines for every condition, they should be encouraged to take advantage of the many readily available educational opportunities: medical journals, post-graduate seminars and courses, conferences and other venues abound.

With increasing frequency, we witness medical and surgical trends come *and go with little warning. Medications, surgical techniques, or implants that gained popularity rapidly vanish from the scene* suggesting that existing guidelines are no longer valid and must be replaced with new ones.

There should be no doubt that splitting the orthopaedic discipline into an unreasonable number of sub-specialties will eventually demonstrate the serious weaknesses I have mentioned in the text. In addition, the response to the orthopaedic situation by other medical and paramedical groups should not be underestimated. Some groups within the musculoskeletal category are frequently identified to the public as the ones best qualified to provide care of conditions that traditionally had been the domain of Orthopaedics. (9, 10, 11).

The degree to which fragmentation has grown, often-times borders on the ridiculous. Referrals to other superspecialized colleagues by orthopaedists holding similar credentials is much too often a pattern even though the conditions calling for the referral are of a simple nature. All that these referrals do is to increase cost.

Rather than anticipating that Orthopaedic Guidelines is the answer to the problem at hand, I suggest that a single Guideline, which I will call a Precept, replace the current Guideline System by making every possible effort to instill in the mind and heart of the young entering the medical profession, and subsequently during its practice, the basic tenet of Medicine that clearly states that the patient comes first, and that honesty and integrity cannot be violated for the sake of individual gains; and that Medicine, contrary to what appears to be the case today, is a profession, not just a business.

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