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Clinical guidelines: what does the public need to know?

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Why communicate clinical guidelines to the public?



Some good reasons...

- It's public money
- The public affects healthcare priorities
- If you don't tell them what's happening and why, someone else will
- People want the system to be fair
- People resist change

Five key questions

People affected by clinical guidelines have different information needs, but they come under 5 broad areas:

- Who's affected?
- What's changing?
- How does it affect me?
- When does it start?
- Why is this happening?

Who?

Know your audience: who are you talking to?

- Adult, elderly, adolescent or child patients?
- Parents of child patients?
- Carers of incapacitated patients?
- Language, literacy, numeracy, web access?

All of this affects the way you need to communicate.

What?

What changes will they see?

- Treatment
- Mode of delivery
- Staff
- Location
- Frequency

How?

How does it affect the patient personally?

- Patient-relevant disease outcomes
- Treatment burden
- Impact on lifestyle
- Side effects and complications

When?

When will the changes come into force and how urgent is the information?

- Too late and you lose the chance to get the patient on board
- Too soon and people may get confused or forget when changes are coming in
- Ideally the patient should be involved up-front (how else do you know what's important to them?)

Why?

If you don't explain this, people will assume it's to save money. This has been a major drawback for NICE. So:

- Explain how the conclusions were reached
- Accept that population-level benefit doesn't always translate to individual benefit
- Explain resource constraints honestly
- Explain risk in context (absolute not relative risk)

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