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ABSTRACT

INTRODUCTION

‘Without health, there is no happiness’. Thomas Jefferson

‘The strong do what they can; the weak endure what they must’. Thucydides

The primary goal of clinical practice guidelines is to improve patient care. However, in general, patient interests are not directly represented on guidelines panels. Guideline

guidelines panel members. These issues parallel those underlying recent cal

widely recognized as the preeminent infectious disease specialty society in the United States and publishes two of the three most influential infectious disease journals [14, 15].

with calling the science; instead it requires that the *development process* should be fair, non-exclusionary, and not tainted by conflicts of interest [17].

RECENT CALLS FOR GUIDELINES REFORM

gain but also the desire for professional advancement [and] recognition for personal achievement' [25]. This emphasis on primary versus secondary interests arises from the

than a decade with Lyme vaccine manufacturers [10, 36, 37]. Although researchers often develop a known expertise and significant influence in a research area, these 'key opinion

boundaries between those who determine how medicine gets practiced and researchers

Given our reliance on evidence-based guidelines, this shortfall in evidence is disturbing [6]. The IOM reported that ‘[a] review of guidelines in the National Guidelines Clearinghouse reveals recommendation after recommendation that is supported by weak, mixed, or no evidence’ [25]. McAllister and colleagues found that only 68% of the recommendations in guidelines cited

values [43]. Alternatively, if the physician does not offer treatment options or if the patient does

burdens of treatment. To fail to do so is inconsistent with a liberal constitutional society and with the rights of a patient in such a society [45].

Ezekiel Emanuel, current advisor to President Obama, explains why choice, autonomy, and informed consent are central issues in medical ethics:

Most health policy analysts...see choice as essential because individuals are the best

could have played a role in the development process: 'There's no potential financial gain for

This is an area where the primary interest of patient care may be at odds with the secondary interest of specialty medical societies in protecting territorial turf and hegemonic dominance over non-specialists. In short, this may represent a conflict of interest for the medical specialty

also failed to comply with an internal IDSA memo directing the panel on the proper procedure

requirements of our settlement. [69]"

medical society would not be permitted to dominate the process and could constitute no more

informed consent [76]. Treatment guidelines should not inhibit patient access to treatment

51. Butler R, Reed Smith Law Firm: **Bad blood--Association owes no duty of care to infected minor.** *The Los Angeles Daily Journal* January 7, 2000.
http://www.reedsmith.com/our_people.cfm?cit_id=3182&faArea1=customWidgets.content_view_1&usecache=false (Accessed March 20, 2010)
52. van de Bovenkamp HM, Trappenburg MJ: **Reconsidering patient participation in guideline development.** *Health Care Anal* 2009, **17**:198-216.
53. Oliver S, Selai C:

Additional Files

Additional File 1

