AMB Guidelines Program

PROGRAMA DIRETRIZES DA AMB

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It has been 17 years of struggle, during which many have participated. Naming these individuals is not necessary, for they all continue to fight for the rights of patients, and their names are not hidden, they are public who take responsibility for what they think and write.

The struggle has been to keep the program running funded with AMB's own resources, without the support of those who, exercising an eminently political function, insist that there is a conflict of interest in the AMB guidelines. They are understandably unable to admit their own economic and political conflicts, and to critically appraise the fundamental elements of evidence-based guidelines.

The Guidelines Program is the space we have used to convey recommendations whose sole purpose is to increase benefits and reduce harm to patients. These recommendations express the thoughts of experts and are written primarily based on the best available evidence. Speaking on the basis of the best available evidence implies knowing how to obtain it, criticize it, synthesize it and translate it, considering the experience and expectations of both doctors and patients.

Many specialists are involved in the development of thousands of recommendations, distributed in more than 700 guidelines, which receive methodological guidance from a technical team of the AMB itself, with experience in systematic review and the language of guidelines.

The whole process begins with the elaboration of relevant clinical doubts by specialists (in Brazil, our program was the first to develop guidelines based on questions). These doubts are structured in a PICO (Patient, Intervention or Indicator, Comparison and Outcome) format, seeking to facilitate the organization of questions and the construction of search strategies. Searches are performed minimally on Medline, and usually on more bases. The selection of references is based on previously established eligibility criteria (the main ones being PICO and design), and this entire process is clearly displayed in the guideline's methodology section. After selection of evidence, data regarding the characteristics of the studies, their biases and outcomes of clinical interest are extracted. The

strength of evidence is estimated using grading systems such as Oxford and GRADE. With such information in hand, the authors are able to develop the recommendations by estimating their level of uncertainty, and the magnitude and precision of benefit and/or damage effects.

The specialists from medical specialty societies that are part of AMB are not mere validators of a previously prepared text, but authors who, together with AMB's technical team, develop all stages of elaboration. After the guidelines are finalized, all AMB specialty societies that did not participate in the elaboration of that particular document are consulted so that they have the opportunity to contribute.

In Brazil, unfortunately, apart from the AMB Guidelines Program, "they" are always producing "booklets" with methodology for developing guidelines (true Portuguese versions of international manuals). Despite all the resources they have, very little has been done. Moreover, what has been done lacks a level of attention to evidence, medical experience and, worse, attention to the patient's needs, operating through two health systems (private or government-funded) divided into two guidelines that are NOT based in evidence: 1. Guidelines without limits, in which everything is accepted, and 2. Guidelines with strict limits, according to which almost nothing can be accomplished.

The AMB Guidelines Program, regardless of what "they" say, is reputable, very reputable, transparent, very transparent, exempt, has method, and contradicts many interests, including "theirs". But it never contradicts the interests of patients and, with all of its limitations resulting from these individuals' constant boycott and omission, it endures thanks to the willingness, dedication and self-lessness of thousands of medical specialists. We are always open to all criticism and suggestions from those who have the interest and/or ability to do so.

REFERENCES

- 1. Bernardo WM. Cheers!!! Rev Assoc Med Bras (1992). 2016;62(9):809-810.
- Bernardo WM, Carneiro AV, Baracat EC. [Guidelines: unity and balance]. Rev Assoc Med Bras (1992). 2009;55(5):498-9.
- Bernardo WM. [Clinical guidelines in Brazilian health system]. Rev Assoc Med Bras (1992), 2008;54:377.

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