Clearer guidelines

I propose a Campaign for Clearer Guidelines. I was pleased to see the title for the most recent contribution from the Clinical Effectiveness Unit (CEU) for managing vaginal discharge. This will be really useful in general practices and contraception clinics, I thought. But I was so disappointed with how difficult it was to understand. I am afraid most people will look at the title, start to read and then put it unread into a drawer to ‘tackle it when I have time’, rather than actively using it in their clinical practice.

Have the writers of the Guideline decided who the target audience is? The information seems poorly focused on the actual clinical settings in which it should be useful and contains large amounts of information irrelevant to health professionals working in general practice and contraception clinics.

The terminology used is a mixture of medical and non-medical terms. For example, in the list of symptoms that might be identified are ‘itch’, ‘dysuria’ and ‘superficial dyspareunia’. A professional term would be pruritus vulvae or vulval itching – otherwise this might mean itching anywhere (is it scabies?).

Contrast this Guideline with the one from the British Association for Sexual Health and HIV (BASHH) on bacterial vaginosis.1 The BASHH Guideline gives the full explanation of the meaningless section in Table 31 where information has been compressed and says:

Nongardnerella and/or Mobiluncus

morphotypes predominant

Score >6.

Table 3 does not give the full criteria, nor explain to what the score refers. By contrast, the example from the BASHH Guideline2 is perfectly full and clear. However, this is a bacteriological diagnosis made in the laboratory, why is the information supplied at all? Similarly, on page 38, why do we need to know “Culture in Sabouraud’s medium can be used to detect candida if microscopy is inconclusive…”?

Readers will find other examples of superfluous and confusing information. The whole idea was, I thought, to give a guideline to clinicians working in non-GUM venues. A suggested option for treatment (although a definition of what constitutes recurrent infection would be helpful) but then recommends readers to consult an up-to-date National Formulary. Why these dosages in the first place, if the authors think (correctly) that you should check them out anyway?

There are just too many words! Throughout the document, the excessive use of words obscures the usefulness of the rest of the information.

The clear message of whether investigation is necessary or not is well presented in Figure 1 – but the information repeated under Boxes 2, 3 and 4. Why not just refer to the figure and remove the unnecessary text?

A suggested option for information presented in Box 5 is then repeated in the text below. Surely, readers are able to refer back with a sentence: “Investigation is indicated if any of the conditions listed in Box 5 are present.” The addition of the small amount of qualifying information about the information in Box 5 then clarifies the statement. The same repetition of information in the summary boxes and in the text appears for almost every point.

And this wordy style of writing fails one of the most important criteria for communication. The easier the text, the more understandable information can be transferred from writer to reader. A guideline is useless unless used.

I would propose that guideline writers should:

- Study the techniques of the Plain English Campaign3
- Attend a course on writing skills, or read a book on writing skills4
- Consult guidance on writing guidelines5
- Allow those guidelines published in the Journal of Family Planning and Reproductive Health Care to be edited in exactly the same way as all articles to maintain quality in the Journal.

Gill Wakley, MD, MFFP

Visiting Professor in Primary Care Development, Staffordshire University and Freelance General Practitioner, Writer and Lecturer, Abergevenny, UK. E-mail: gillwak@aol.com

References

1 Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit. FFPFRHC and BASHH Guidance (January 2006). The management of women of reproductive age attending non-genitourinary medicine settings complaining of vaginal discharge. J Fam Plan Reprod Health Care 2006; 32: 33–42.


Reply

Thank you for the opportunity to respond to the letter from Prof. Gill Wakley about the joint FFPFRHC/BASHH Guidance on ‘The management of women of reproductive age attending non-genitourinary medicine settings complaining of vaginal discharge’.1 As ever, the CEU welcomes constructive criticism from users of our various forms of Guidance. Prof. Wakley considered this guidance to be ‘wordy’ and generally unhelpful. It is always difficult, of course, to achieve the right balance of brevity and provision of adequate evidence to support our recommendations. In CEU Guidance, we highlight our explicit recommendations within coloured text boxes; this enables users who favour brevity to read the boxed text alone, without the supporting paragraphs.

This particular Guidance has been endorsed by both the FFPFRHC and by BASHH. It has also been endorsed by the Clinical Effectiveness Unit of the Department of Health and NHS Quality Improvement Scotland to the extent that these organisations are funding wide distribution of the Guidance on contraception clinics.

I fail to see why information presented in the recent Guideline from the Clinical Effectiveness Unit (CEU) has no increased risk of transmission of the virus.2

In the section on hormonal contraception they make no comment upon a possible increase in cervical shedding of HIV in women using these methods, which has been mentioned in previous reviews.3 Is it now considered that cervical shedding is not increased and thus hormonal contraceptives have no increased risk of transmission of the virus?

Gillian Robinson, MFFP, MRCPG

Honorary Director. FFPFRHC Clinical Effectiveness Unit, University of Aberdeen, Aberdeen, UK. E-mail: g.c.penney@abdn.ac.uk

Reference

1 Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit. FFPFRHC and BASHH Guidance (January 2006). The management of women of reproductive age attending non-genitourinary medicine settings complaining of vaginal discharge. J Fam Plan Reprod Health Care 2006; 32: 33–42.


HIV and contraception

Gillian Robinson

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