Abstract

Even when evidence about outcomes and effectiveness is clear (and this is not often the case) local circumstances - broadly defined as “cultural” - dictate how that evidence is (and can) be translated into practice. While there is an increasing consensus on the idea of “globalising the evidence and localising the decisions”, it is important to understand that: a) opportunities to do so will be tempered by cultural values; b) their relative importance in different environments influence the success of failures of guidelines implementation.

The influence of cultural differences in knowledge transfer and production, dissemination and implementation of practice guidelines has not yet been the subject of systematic scrutiny and it has, in turn, been clouded by an insufficient understanding of the very purpose of guidelines. A way forward would be to incorporate into the knowledge transfer process an understanding of how issues such as general characteristics of the health care system, access and affordability of care, access to information, relative importance attributed to individual’s role into the choice among alternative interventions, the legal environment, the centralised or decentralised nature of the policy making process, may act as facilitators or barriers. These general concepts will be presented and discussed with reference to specific examples of guidelines whose production and implementation had to face, to different extent, some of these “cultural differences”.

About the presenter

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Alessandro is a member of the GRADE working group and works with guideline developers in Italy and internationally. His areas of interests include methodology of systematic reviews and evaluation of translation of research results into clinical practice. He is co-convenor of the PRISMA working group which produced PRISMA (Preferred Items for Reporting of Systematic Reviews and Metaanalyses), a new guidance for reporting of systematic reviews and metanalyses of health care interventions.