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Use of Language to Convey Obligation in Practice Guidelines: Suggestions for a Standardised Approach

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Background: Expressions that convey obligation (e.g., “should consider” and “is recommended”) appear frequently in practice guidelines yet their influence on clinicians’ perceptions of obligation to undertake recommended actions is unknown. An understanding of how readers interpret expressions of obligation would allow guideline authors to strengthen the connection between guideline language and expected adherence to guideline recommendations.

Purpose: To describe the variation in interpretation of level of obligation among commonly found deontic terms in practice guidelines.

Methods: Researchers constructed an internet-based, electronic survey that presented each of 12 expressions within simplified recommendations statements. Participants indicated the level of obligation they believed guideline authors intended by using a slider mechanism ranging from “No obligation” (leftmost position recorded as 0) to “Full obligation” (rightmost position recorded as 100.) All 1332 registrants of the 2008 annual conference of the US Agency for Healthcare Research and Quality were invited to participate.

Results: 445/1332 registrants (36%) submitted the on-line survey. “Must” conveyed the highest level of obligation (median = 100) and least amount of variability (interquartile range = 5.) “May” (median = 37, interquartile range = 40) and “may consider” (median = 33, interquartile range = 42) conveyed the lowest levels of obligation. All other expressions conveyed intermediate levels of obligation characterised by wide and overlapping interquartile ranges.

Discussion: Members of the health services community believe guideline authors intend variable levels of obligation when using different expressions within practice recommendations. Ranking of a subset of expressions by intended level of obligation is possible. “Must,” “should,” and “may” are well suited to represent three discrete, non-overlapping levels of obligation. Matching expressions of obligation to grades of recommendation strength can help standardise the use of such expressions by guideline developers. (Accepted for publication in *Quality and Safety in Health Care*)