



Intellectual conflicts of interest in the production of guidelines

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Intellectual conflict of interest: the tendency to overestimate the importance of ones own scientific results



What follows:

- three examples of intellectual conflicts of interest
- tackled by methodology of guideline production?
- additional strategies to diminish intellectual influences



Influenza vaccination

- Vaccination of children with asthma useful?
- Trial of member of GDG could not demonstrate effect.
- Dutch Health Council: lack of power?
- Threat to withdraw
- At the end he lost the case



Antibiotics for acute otitis media

- Members of GDG claimed delay because of coming meta-analyses
- Remarkable findings a long time unclear
- Results somewhat better in young children and in both sided otitis
- At the end a weak recommendation



— Diagnostics of suspected deep venous thrombosis

- Member of GDG developed a decision rule
- When score low: D-dimer test
- Lot of discussion de GDG
- At the moment the decision rule is recommended in our guideline
- Easier to remember recommendation not impossible



— Are intellectual conflicts really a problem?

- Maybe not: different recommendations are not sure
- Besides: human enterprise is by its nature fallible
- Preference for investigations of national origin
- Guidelines probably biased by national sentiments and preferences



— Neutralization by sound methodology?

- Systematic literature searches
- Comment phase and authorization procedures



For discussion

- Similar experiences?
- Worth considering or simply all in the game?
- Are additional measures wanted?
- What about the proposed measures:
counterweight by 'layman'
partial exclusion from decision-making



Possible further measures

- Not invite people with intellectual conflicts
- Arrange counter-forces
- Exclusion from parts of the discussion

