Grading Improves Transparency and Quality

To the Editor:

The objection of Dr. Tobin to evidence-based medicine in a recent issue of CHEST (May 2008)\(^1\)\(^2\) seems to focus on the grading of recommendations. As Deputy Editor of a popular clinical resource, I have personally graded > 100 recommendations using the Grading Recommendations Assessment, Development, and Evaluation (GRADE) system and feel well qualified to comment on its benefits.\(^3\)

Grading improves transparency by conveying the following for each recommendation: (1) the quality of the related evidence; (2) the author's confidence that the benefits of the intervention outweigh the potential harms; and (3) the likelihood that informed patients would choose the intervention. No longer can authors make recommendations that fail to reveal the quality of the related evidence or the strength of the author's belief. The transparency of recommendations is arguably as important as that of potential conflicts of interest, although the latter is more widely accepted.

The same information can be conveyed without grading, of course, but additional text is required. This causes clutter, redundancy, and monotony, which may distract and delay the reader. Ultimately, the quality of the review or guidelines suffers.

An additional benefit of grading is that authors, editors, and peer reviewers focus more on recommendations that are graded. One can argue whether this is appropriate, but the observation is undeniable. The added attention results in clearer recommendations that are easier for readers to apply to clinical practice.

I have heard many arguments against grading. Common among all arguments are misunderstandings of the purpose of grading and the GRADE system. In time, I firmly believe the entire medical community will appreciate the many advantages of grading recommendations.

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My wife has an investment account that is independently managed and may include stock in health-care-related companies at any given time (not a mutual fund). I am a Deputy Editor for Pulmonary, Critical Care, and Sleep Medicine at UpToDate, which uses the GRADE system to grade recommendations. I have been invited to join the GRADE working group.

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References

1 Tobin MJ. Counterpoint: evidence-based medicine lacks a sound scientific base [editorial]. Chest 2008; 133:1076–1077

2 Tobin MJ. Rebuttal from Dr. Tobin [editorial]. Chest 2008; 133:1076–1077


The Chaos of War

To the Editor:

Soldier recruits marching toward the enemy feel the uncertainty and fear of the upcoming conflict. However, bolstered by their youthful zeal and patriotism, fortified by their training and conditioning, and mesmerized by their faith and knowledge that others believe in the ultimate truth of their cause, they march into the chaos of war. Watching the recruits marching into the unknown, seasoned veterans of conflicts recognize the sincere optimism those recruits exude and the naiveté in their expectations.

A physician's wars are different. One soldier fights the emotional and biological enemies of one person at a time. Once our battle is engaged with the enemy, chaos often ensues. Like a real war, the planning, the terrain, the tactics, the objectives, and the definition of success change as the battle progresses. Knowledge of successful strategies and techniques is very important, but an ability to adapt to the evolving conflict is essential for success. For the physician, care is a continually changing process.

Evidence-based medicine, if it were ideal, would make sense of the chaos of our medical conflicts with disease, make our battle plans easier, make success more certain, and greatly lessen the daily stress of our (physicians') lives. Alas, it does not. The physician recruits with their strong beliefs are able to act without doubt. The veterans, battered by years of changing medical opinions and reversals of standard practices, reassess their decisions and problems each time they are encountered, and wonder whether each decision is correct as they decipher hundreds of facts using their years of experience, fitting the details into the case at hand.

As a medical war veteran of 30 years, I salute Dr. Tobin’s eloquent essay on the current set of emperor’s clothes that many in the medical community are worshiping.

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The author has reported to the ACCP that no significant conflicts of interest exist with any companies/organizations whose products or services may be discussed in this article.

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