# What Christian Popow Said about the Jaundice Guideline

Andreas Seyfang

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# Are you familiar with the guideline?

- yes
  - We published a similar guideline a few years ago
  - in an German/Austrian journal

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# Quality of guideline?

- excellent
  - GL from this source are always excellent
- poor
  - does not cover Immunoglobulin
  - but: Cochraine says “not enough evidence for recommendation as a standard”

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# Flaw: Undefined rate of TSB

- Not serious
  - “was defined in the 70-ties”
  - but: could not show it in a book
  - only found other/differing information

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# Flaw: Are clinically jaundiced children healthy?

- Not serious
  - they are healthy otherwise (or excluded anyway)
  - so why bother - no problem arises

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# Flaw: Inconsistency for underlying disease

- Not serious
  - there is a reference to Table 1 in the text
  - there should be one in the diagram
    - “obviously omitted for space reasons”
  - if you want, you find the full list

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# Flaw: Termination

- Not serious, but should be fixed
  - after some time, TSB decreases, if there is no underlying disease
  - one of these two conditions always hold, so guideline terminates
- Not mentioning this explicitly is not good, but not seriously bad either.

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# Problem: Intention can only be guaranteed during plan execution

- Not serious
  - Christian would not expect it to be different

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# Problem: MAJIC indicator fulfilled under conditions

- Serious
  - The rule in the MAJIC indicator can be wrong!
  - There are several reasons not to take more readings, e.g.,
    - Haemolysis continues (i.e., pathologic reason)
    - **phototherapy was necessary before the 4th day of life**
  - Not taking another reading presumes **clinical observation**
    - not mentioned anywhere.

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# Flaw: Unused child blood typing

- Not serious
  - serves complicated medical reasoning about cause of Hyperbilirubinaemia
  - every physician knows these things
  - this is beyond the scope of the guideline
  - still, it is good to mention it

# Is computer supported analysis of flaws an improvement?

- Of course!
  - background knowledge causes you to skip flaws
  - educational value is high
  - “We are still confused, but at a higher level.”

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# Pros of our approach

- Dialog computer scientist - physician forces physician to define his position
- Pointing out flaws in guidelines
- Improvement of guidelines through interaction process

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# Cons of our approach

- The labor involved
- It is very formalistic approach
- Clinical daily practice is changing faster than guidelines
  - general disadvantage of guidelines

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# General opinion about methodology

- Might be the only chance
- Perfect guidelines are not possible
- This method shows the flaws
- Knowledge doubles every 10 years
  - still this (our work) is important
  - coping with change, too

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# How would you judge the potential of the approach?

- Great!
  - “Being one of the parents of it, I find it great.”

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# Conclusion

- We are great.
- Physicians work different.
- Change & multiple sources of information more important than considered yet.

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