

# Working towards consensus

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*Chairman of the AAOT, 2019*

Dear fellow members,

When we put forward our candidacy to chair this association, we said that we wanted to try to reach consensus among orthopedists throughout the country by developing guides or practical guidelines dealing with the most frequent conditions in order to allow all colleagues to find the necessary support from this Association when making a diagnosis or treating patients.

Consensus is a term that comes from the same Latin word, *consensus*, and that refers to the agreement reached by consent of all the members of a group or among several groups.

The sometimes-increasing complexity of healthcare sometimes the uncertainty it results in, have raised interest in and led to the incorporation of so-called consensus methodologies to diagnose and treat patients in a rational manner.

The practice of Orthopedics and Traumatology requires permanently making complex decisions. Faced with a musculoskeletal problem, the orthopedist employs all his medical and surgical knowledge, his experience and his familiarity with the literature, in order to develop a reasonable plan for diagnosis and treatment. Although all these decisions are influenced by non-scientific considerations dependent on the environment, the patient, and even economic and financial problems, decision-making and its graphic representation must be considered as an extraordinary tool.

**Clinical practice guidelines** (GPC) are recommendations developed in a systematic way to help both physicians and patients make the appropriate decisions regarding a specific disease or health condition. The advantage of these guidelines, both for the physician and the patient, is that they are designed using the best scientific evidence available.

Differences in patient treatment, even among specialists of the same center with similar training, are quite significant. This leads to a high variability in diagnostic, therapeutic and prognostic criteria, as well as to the inefficient use of resources, and finally, a negative impact on the quality of healthcare.

Some Orthopedics associations in first-world countries list the preparation of these guidelines for their members among their priorities and consider them as highly recommended to improve medical quality. They even have specific entities for the elaboration of these recommendations within a highly qualified scientific context. The German Society for Orthopaedics and Trauma (DGOU, for its German acronym) has issued more than 60 CPGs for its members.

A good way to represent the recommendations is by means of algorithms, a graphical representation in the form of a flowchart, a definite set of steps, rules or logical, successive and well-defined procedures that must be followed in order to solve a given diagnostic or therapeutic issue. It is a sequential and organized method of problem-solving.

It also has to do with the “Theory of Decision-Making” which Daniel Kahneman, Nobel Prize in Economics, discusses so well when talking about ways of thinking and heuristics as the set of techniques or approaches to problem-solving.

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Therefore, clinical practice guidelines:

- Are a powerful integration tool.
- Promote systematic thinking.
- Aid in decision-making in cases of uncertainty.
- Help solve variability issues.
- Improve the quality of professional practice.
- Unify the criteria of institutional healthcare.
- Allow for the objective evaluation of the quality of healthcare.
- Promote continuous and available updated knowledge.
- Promote a thorough patient management.
- Encourage the proper use of medical technologies.

During this year serving as Chairman of the AAOT, I will try to work together with our Committee on Continuing Medical Education and our Member Associations to begin developing our first guides on the most frequent conditions of each subspecialty, making them available to our members in order to reach consensus among our peers and our patients.