Guideline topic: role and misinterpretation

3 questions for Prof. Dr Johann Müller



What role should guidelines play in expert assessments—and what role should they explicitly not play?

Medical reports must be based exclusively on specialist medical standards and the individual clinical findings. If these findings are supported by current guidelines following assessment, the guidelines may also be cited, either on their own or in addition. Relying solely on guidelines would fail to do justice to the individual clinical picture. This is usually more complex than a (single) aspect addressed in a guideline.

Where do you see the most common misinterpretations of guidelines in expert reports or insurance claims procedures?

The most common mistake is to rely (solely) on a guideline without taking a nuanced view of the entire diagnostic and therapeutic process. It is not uncommon for guidelines to be cited that were no longer valid, or had not yet come into force, at the time of treatment. Furthermore, guidelines often contradict one another; this is sometimes not sufficiently acknowledged or explained.

How do you ensure that guidelines do not override the individual clinical context?

Guidelines almost always focus on only one aspect of a complex individual case. As already explained, a detailed assessment of the individual findings by the expert—and frequently also an evaluation of the diagnostic and therapeutic measures taken by the treating and follow-up practitioners, and thus of the entire course of treatment—is crucial. By adopting a standardised and systematic approach to the preparation of the expert report—where necessary, following further consultation or enquiry with the court—it is highly likely that an appropriate assessment will be made in accordance with specialist medical standards.

Final question: what reforms would be needed to make the guidelines more robust and relevant to practice?

Above all, the membership of a guideline group should be restricted to an "expertocracy", and the AWMF's option to delegate voting rights should be abolished. This would most likely raise the standard of clinical and scientific rigour and reduce unnecessary and undesirable sources of influence.