Letters to the Editor

Clearer guidelines

I propose a Campaign for Clearer Guidelines. I was pleased to see the title for the most recent publication from the Clinical Effectiveness Unit (CEU)1 for managing vaginal discharge. This will be really useful in general practices and contraception clinics, I thought. But I was so disappointed with how difficult it was to understand. I am afraid most people will look at the title, start to read it and then put it unread into a drawer to ‘tackle it when I have time’, rather than actively using it in their clinical practice.

Have the writers of the Guideline decided who the target audience is? The information seems poorly focused on the actual clinical setting in which it should be useful and contains large amounts of information irrelevant to health professionals working in general practice and contraception clinics.

The vocabulary used is a mixture of medical and non-medical terms. For example, in the list of symptoms that might be identified are ‘itch’, ‘dysuria’ and ‘superficial dyspareunia’. A professional term would be pruritus vulvae or vulval itching – otherwise this might mean itching anywhere (is it scabies?).

Contrast this Guideline with the one from the British Association for Sexual Health and HIV (BASHH) on bacterial vaginosis.2 The BASHH Guideline gives the full explanation of the meaningless section in Table 31 where information has been compressed and says: Nongonococcal Haemophilus criteria.

Gardnerella and/or Mobiluncus

morphotypes predominant

Score ≥6.

Table 3 does not give the full criteria, nor explain to what the score refers. By contrast, the example from the BASHH Guideline3 is perfectly full and clear. However, as this is a bacteriological diagnosis made in the laboratory, why is the information supplied at all? Similarly, on page 38, why do we need to know: “Culture in patients with recurrent infections will demonstrate the presence of non-haemolytic streptococci. Culture in patients with first episode of symptoms will demonstrate the presence of H. vaginalis.” The addition of the small amount of qualifying information about the information in Box 5 then clarifies the statement. The same repetition of information in the summary boxes and in the text appears for almost every point.

And this wordy style of writing fails one of the most important criteria for communication. The easier the text, the more understandable information can be transferred from writer to reader. A guideline is useless unless used. I would propose that guideline writers should:

- Study the techniques of the Plain English Campaign4
- Attend a course on writing skills, or read a book on writing skills5
- Consult guidance on writing guidelines6
- Allow those guidelines published in the Journal of Family Planning and Reproductive Health Care to be edited in exactly the same way as all articles to maintain quality in the Journal.

Gill Wakley, MD, MFFP
Visiting Professor in Primary Care Development,
Staffordshire University and Freelance General Practitioner, Writer and Lecturer, Abergevenny, UK. E-mail: gillwak8@asdl.com

References
1 Faculty of Family Planning and Reproductive Health Care Clinical Effectiveness Unit. FFPRH and BASHH Guidance (January 2006). The management of women of reproductive age attending non-genitourinary medicine settings complaining of vaginal discharge. J Fam Plan Reprod Health Care 2006; 32: 33–42.
4 http://www timelbert.co.uk/ [Accessed 23 January 2006].

Reply

Thank you for the opportunity to respond to the letter from Prof. Gill Wakley about the joint FFPRH/CBASHH Guidance on The management of women of reproductive age attending non-genitourinary medicine settings complaining of vaginal discharge.1 As ever, the CEU welcomes constructive criticism from users of our various forms of Guidance. Prof. Wakley considered this guidance to be “wordy” and generally unhelpful. It is always difficult, of course, to achieve the right balance of brevity and provision of adequate evidence to support our recommendations. In CEU Guidance, we highlight our explicit recommendations within coloured text boxes; this enables users who favour brevity to read the boxed text alone, without the supporting paragraphs.

This particular Guidance has been endorsed by both the FFPRH and by BASHH. It has also been endorsed by the British National Formulary, the Clinical Effectiveness Unit, NHS Quality Improvement Scotland to the extent that these organisations are funding wide distribution. Table 32, Guidance in print leaflet form, to general practices and other primary care settings. It is therefore clear that many individuals and organisations would not agree with Prof. Wakley’s opinion on the document.

Prof. Wakley kindly provides suggestions on sources of training in writing skills that might be accessed by the CEU team. While accepting her criticism, I might say that final editing of this Guidance was undertaken by myself in my capacity as Honorary Director of the CEU; I have over 120 peer-review publications and have been actively involved in national guideline development since 1992. CEU Guidance is reviewed by an Editorial Board (comprised of up to 20 professionals), the FFPRH Clinical Effectiveness Committee and the FFPRH Officers prior to publication. Because of this extensive peer-review mechanism, our Guidance is not subject to the same editorial process as other submissions to the Journal. Prof. Wakley can perhaps understand that it is often our efforts to accommodate the views of so many stakeholders that result in Guidance documents being longer than we would like.

Gillian Penney, FRCOG, MFFP
Honorary Director. FFPRH Clinical Effectiveness Unit, University of Aberdeen, Aberdeen, UK. E-mail: g.c.penney@abdn.ac.uk

HIV and contraception

I would like the thank the authors for their interesting and timely article on contraception and HIV.1

In the section on hormonal contraception they make no comment upon a possible increase in cervical shedding of HIV in women using these methods, which has been mentioned in previous reviews.2 Is it now considered that cervical shedding is not increased and thus hormonal contraceptives have no increased risk of transmission of the virus?

Gillian Robinson, MFFP, FRCOG
Associate Specialist, Department of Sexual and Reproductive Health, Walworth Clinic, 159–167 Walworth Road, London SE17 1BY, UK. E-mail: gillian robinson@southwarkrcpt.nhs.uk

References

LETTERS