

WHY EAPC GUIDELINES?

GW Hanks, University of Bristol, UK

In most healthcare settings throughout the world there has been a move to set standards of care and produce guidelines of 'best practice'. Ideally such guidelines should be based on a systematic review of the best available evidence but there are many areas of therapeutics where there exist only limited data from systematic research.

The EAPC Research Network Steering Committee decided in 1993 to provide a consensus view of the available evidence on several areas of palliative care therapeutics which were controversial. The first of these focussed on the use of opioids in cancer pain. It was recognised that there had been important developments in this area but the relative lack of data from randomised controlled trials had resulted in conflicting views and some controversy about the usefulness and efficacy of some of these treatments. This had resulted in variations in practice even amongst specialists in palliative care and pain management. The EAPC Expert Working Group published an initial list of 20 recommendations (Br Med J 1996; 312: 823-6) which have subsequently been revised to cover the use of alternatives to morphine (Br J Cancer 2001; 84: 587-93).

Other expert groups have published guidelines on a range of topics including: the medical management of intestinal obstruction, nutrition and hydration in palliative care, the management of adverse effects associated with morphine, treatment of breakthrough pain, the use of pain measurement tools in palliative care, and depression in palliative care (www.eapcnet.org).