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Efficiency, equity, and NICE clinical guidelines

Clinical guidelines need a broader view than just the clinical

The stated purpose of clinical guidelines from the United Kingdom’s National Institute for Clinical Excellence (NICE) is to “help healthcare professionals and patients make the right decisions about healthcare in specific clinical circumstances.” However, what constitutes “the right decisions” depends on your point of view. For individual patients the right decision is that which maximises their wellbeing, and this is not something that can be measured over the short term.

The BMJ will publish a theme issue on “What’s the evidence that evidence based medicine changes anything?” in October 2004. We see this as an opportunity to reflect on the challenges of practising and teaching evidence based medicine, highlighting the work that has been done in this field and providing an opportunity to point the way forward. We invite contributions from researchers, patients, health professionals, policy makers, and other stakeholders, to reach us by 15 April 2004. Submissions should be made to www.submit.bmj.com, and the editorial contact is Giselle Jones (gjones@bmj.com).

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Smoking and blindness

Strong evidence for the link, but public awareness lags

While most people and many patients attending eye clinics recognise many adverse health hazards of tobacco smoking, they remain largely unaware of its link with blindness. Although smoking is associated with several eye diseases, including nuclear cataract1 2 and thyroid eye disease,3 the most common cause of smoking related blindness is age related macular degeneration, which results in severe irreversible loss of central vision. Current treatment options are of only partial benefit to selected patients. Identifying modifiable risk factors to inform efforts for prevention is a priority.

A risk factor is generally judged to be a cause of disease if certain causality criteria are fulfilled.4 5 Applying commonly used criteria5 to available evidence provides strong evidence of a causal link between tobacco smoking and age related macular degeneration. The strength of association is confirmed in a pooled analysis of data from three cross sectional studies, totalling 12 468 participants, in which current smokers had a significant threefold to fourfold increased age adjusted risk of age related macular degeneration compared with never smokers.6 By way of comparison, although the relative risks associated with smoking for lung cancer and chronic obstructive pulmonary disease are in excess of 20, the relative risk for ischaemic heart disease in men is only 1.6.7 Consistency of effect is demonstrated as smoking was the strongest environmental risk factor for age related macular degeneration across these three different

9 Revell J. JVT free-for-all may cost £400m. Observer 2003 August 12.