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Letter to the Editor

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Australian Resuscitation Council clinical guidelines

Dear Editor,

We have read the review by Fouche and Zverinova, 'The Australian Resuscitation Council Guideline for Managing Acute Dysrhythmias: An appraisal (1). We disagree with the authors' assessment of the Guideline, and the conclusions of the paper. Disappointingly, the authors have inappropriately judged the guideline in a number of key areas. These include the listed domains of 'Scope and purpose', 'Stakeholder involvement', 'Rigor of development', 'Applicability', and 'Editorial independence'. A brief discussion of our key concerns is listed below.

The membership of the Australian Resuscitation Council (ARC) is described on the website under Council Representatives and in the constitution document: and has members from St John Ambulance, The Royal Australian College of General Practitioners, The College of Emergency Nursing Australasia, the Australian Red Cross, the Council of Ambulance Authorities, Surf Life Saving Australia, Australian College of Nursing, Australasian College for Emergency Medicine, Paramedics Australasia, The Royal Australasian College of Surgeons, Australian & New Zealand Intensive Care Society, Australian College of Critical Care Nurses, Australian and New Zealand College of Anaesthetists, Royal Life Saving Society Australia, Australian Defence Force, The Cardiac Society of Australia and New Zealand, Heart Foundation, Australian and New Zealand College of Anaesthetists, neonatal and paediatric representatives, state and territory ARC branch representatives and the co-opted Chair of the New Zealand Resuscitation Council. The comprehensive, inclusive process for developing guidelines is also available on the website, described in Guideline '1.3 Process for Developing Resuscitation Guidelines', and describes the multidisciplinary process and external review by members and member organisations.

The authors assigned very poor scores for applicability, but the items under this heading are not the role of the ARC, but rather are the role of the organisations that implement the guidelines and that have responsibility for clinical governance.

Editorial independence of ARC guidelines is maintained by all guidelines having gone through an extensive, collaborative process involving all member organisations, which are then published under the ARC name. Competing interests of Council members are recorded at Council and processes for dealing with competing interests are detailed in the Constitution (available on the ARC website).

The concluding recommendation to use the European Resuscitation Council (ERC) and American Heart Association (AHA) guidelines is not supported by the manuscript, because the authors have conducted no comparable assessment, and we are surprised this was not identified in the peer review process. To a much greater extent than the ERC and AHA, the ARC processes on guideline production is extensively multidisciplinary and a continuous one with guidelines revised, created or deleted as new evidence dictates.

Associate Professor Peter Morley
Chairman, Australian Resuscitation Council

Reference

1. Fouche PF, Zverinova KM. The Australian Resuscitation Council Guideline for Managing Acute Dysrhythmias: An appraisal. Australasian Journal of Paramedicine 2014;11(6).