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EDITORIAL

Experts boards and consensus[☆]

Paneles de expertos y consensos

Expert meetings aimed at obtaining consensus views have their initial origins in areas of society which are far removed from science. We just need to think about religious councils where decisions on doctrinal matters were made. In medicine and in other fields of science, Expert Panels are of great help to recommend attitudes in controversial issues on which there is insufficient scientific evidence to determine the best practice. They generally consist of specialists in the field and their value is based on the acceptance that the consensus opinion of a group of experts which brings together different knowledge bases is more valid than the judgment of a single individual.

Nevertheless, there has been much criticism regarding the validity of these recommendations, as it is considered to be directly dependent on the composition of the panel: it is difficult to select true experts who are knowledgeable, respected by their peers and with sufficient independence in a subject to protect them from peer pressure and preconceived ideas.¹

In the aftermath of the war, Rand Corporation launched a methodology called Delphi (in honor of that Greek city's oracle) which aimed to eliminate some of these problems and structure the views of a panel attempting to predict the impact of technology on military operations. Subsequently, this methodology has been used profusely in the fields of economics, industry and medicine. It basically involves the consideration of literature prior to anonymously responding a series of questionnaires or determining the level of agreement among the experts on certain clinical issues. Once the results of this first round are known, the questions are repeated in a second round, allowing each member of the panel to reconsider his opinion.² Responses are measured by their level of agreement, which facilitates the statistical assessment of results. This method has advantages compared to an expert panel: being anonymous it avoids a "position of dominance" by any member, improving the decision process and conferring some semblance of

objectivity. Moreover, it is inexpensive, fast and does not require the participants to be physically present.

Both the previous Board of Directors of SECOT and the present have fostered the elaboration of Consensus documents on different topics discussed within our specialty. The first of them, dedicated to thromboembolism prophylaxis in prosthetic surgery, was released in a previous issue of our journal,³ while the second, on painful knee arthroplasty, is published in this issue. More will follow in future editions.

In short, despite their foundations being considered as unscientific, some authors think that they should not be framed within empirical evidence because of their higher value.⁴ In any case, when correctly elaborated, these documents are of great help for surgeons in areas where there is uncertainty, and may become the seed for the development of clinical practice guidelines and future, more "scientific" lines of research. However, we must not forget that they should be read critically and accepted with reservations, as they should never replace the scientific evidence provided by meta-analyses and well-designed systematic reviews. Their conclusions are no more than an opinion, in the best of cases.⁵

References

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J. Vaquero
 Director de Revista Española de Cirugía Ortopédica y
 Traumatología, Spain
 E-mail address: vaqueroct@gmail.com