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LETTER TO THE EDITOR

Consensus Statements and Bariatric Surgery

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Dear Editor,

Consensus statements have lately become very popular. They reflect the unified views of a group of recognised experts on debatable clinical aspects, where it is not possible to make any evidence-based recommendations. Bariatric surgeons also rely on expert consensus statements to inform their practice [1–12].

Consensus statements aim to converge and unify opinions. However, it is worth noting that convergence to the correct alternative is not guaranteed if correct procedures are not followed and, sometimes, even if they are. There is always a chance that the consensus leads to an incorrect convergence and generates false confidence in the "wrong" choice.

At the same time, consensus statements do serve a useful practical purpose and make the day-to-day clinical decisions easier for us. There is hence a need for the processes of consensus building to be robust and validated. It is indeed surprising that there is no uniform standard for preparing and reporting consensus statements in biomedical literature.

Consensus Statements, Guidelines, and Surveys

In this context, it is important to understand the difference between consensus statements, clinical guidelines, and questionnaire-based surveys. Whereas clinical guidelines attempt to synthesise available scientific evidence for clinicians, consensus statements are meant for situations where scarcity of research data precludes a quantitative or qualitative synthesis. Similarly, questionnaire-based studies or surveys establish the current thinking and practice amongst professionals without making any attempt to identify experts amongst these professionals or generate a consensus. A simple survey of the opinion of experts without any attempt at convergence cannot hence be called a consensus statement and should be identified as such. Despite these clear demarcations, it is not uncommon to find overlap between a questionnaire-based survey, consensus statement, and a guideline in published bariatric surgery literature.

Achieving a Consensus: Is It Desirable?

Academic literature thrives on the difference of opinion and healthy evidence-based scientific debate. One could hence argue that achievement of consensus is in fact counterproductive for scientific curiosity and development. At the same time, one recognises that constant difference of opinion on vital areas of day-to-day practical matters may hamper functioning, and often, realities of life demand that a clear course of action be taken regardless of the differences in opinion. It is hence useful for experts to sit down and agree on a course of action, the aim of this exercise being to try and converge towards the "correct" option.

Constitution of the Expert Panel

Convergence to the correct option from amongst a range of options will only be possible if it is included in the list of

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options being debated by the experts. It is hence crucial that the initial list of reasonable options to be debated comes from as wide a group of practitioners as possible. However, when it comes to actually debating the various options, it would be impractical to have too large an expert panel, and some selection becomes a necessity. Selection criteria for constitution of expert panels are probably the most important aspect of any consensus meeting or statement. Not only should the panel experts be scientists of significant repute and standing within their profession, they should also represent the full spectrum of reasonable opinions. It is not uncommon to come across consensus statements where panellists have been chosen arbitrarily.

We often see consensus statements by a group of professionals working within the same discipline or by a group of surgeons who are passionately promoting one specific surgical procedure or belief. Such consensus statements leave themselves vulnerable to further questioning. It would hence seem logical that constitution of consensus panels attempts to have representation from the full spectrum of opinions and all stakeholders.

Pooled Unpublished Data

Many consensus statements include pooled unpublished data of the panellists as a part of the consensus statement. This deprives the scientific community of an opportunity to examine individual data in depth. Pooling unpublished data and then publishing it in the name of a consensus statement breaches the fundamental principle of academic publishing. Though the data of the original panellists were never published, the consensus statements usually are, and this means that panellists get indirect approval without any need to publish their data. Data pooled in this manner, not uncommonly, lack the rigour and academic discipline that would generally be expected of published detailed data, thus, bringing its authenticity into question.

We hence feel that publishing pooled unpublished data as a part of a consensus statement should be discouraged, and the consensus statements should stick to their intended objective of "identifying common ground" for practical reasons.

Characteristics of a Good Consensus-Building Exercise

Though currently, there is no agreement amongst scientists regarding what should form an ideal consensus-building exercise and consensus statement, it is not too difficult to think of some of the salient features characterising them.

1. Clearly identify the questions: There should be a clear list of questions that the experts will need to find answers for and where no scientific evidence exists to inform their practice.
2. Designated moderator or facilitator: This is the person responsible for implementing the agreed methodology of consensus generation. The moderator should be clearly identified in advance and should ideally be a neutral, non-partisan person that all experts can trust.
3. Panel of experts: As stated earlier, panellists should be recognised experts with significant experience, who have published on the topic and who represent the full spectrum of opinions on the topic. The process and criteria used for expert selection must be robust and clearly documented in the consensus statement.
4. Systematic methodology: Any consensus-building exercise should follow a clear methodology, and participants should clearly know about it. Any appropriate methodology should allow participants to change their mind without loss of face, convince others with reason and data, maintain accurate and attributable records, collect information anonymously, avoid coercion, and actively resist the tendency to flow with the majority opinion by highlighting minority voice.
5. Scientific reporting: Finally, the consensus data should be published clearly with the numbers and percentages of experts finally agreeing with the consensus statement.

There are many ways to achieve a consensus within a group. The traditional format of group meeting or committees has been criticised for being open to abuse by the "loudest" voice and a tendency to confirm to the group or the leader. Many other techniques have been developed and used for building consensus in different walks of life. We could not find any example of use of Robert's Rules of Order in biomedical literature. A Quaker-based consensus method has been used [13]. The Delphi technique, developed by Dalkey and Halmer at the Rand Corporation in the 1950s, is widely regarded as an acceptable method for developing consensus amongst experts [14] and has also been used widely by biomedical scientists, often with some modifications [15]. It collects experts' opinion through multiple rounds of carefully designed questionnaires interspersed with feedback to enable a convergence. It relies on anonymity and controlled feedback to overcome the influence of a dominant individual, avoid irrelevant communication, allow admission of errors, and move away from the tendency to confirm to the group opinion.

Regardless of the technique used, any published consensus statement must clearly state the methodology and attempt to overcome the tendency to follow the leader or confirm to the group and avoid irrelevant communication whilst allowing participants to explain their differing views, offer alternatives, change their opinions, and converge without loss of face. The goal of an ideal consensus-building exercise is not to ensure

unanimity and obliterate differences but to find the option that has the support of most of the experts after a thorough evaluation of all the pros and cons; it has been described as the choice that "everyone can live with".

Finally, it must be recognised that any consensus statement, even the ones reached using the Delphi or any other method, is at best a "forecast" or a reasonable guess. It is hence important that it is presented to the wider clinical community as such, and individual clinicians should be allowed to disagree with the consensus opinion and encouraged to monitor their own data. A general agreement amongst biomedical editors regarding publishing guidelines for conducting and reporting consensus statements may be helpful.

Author Contribution KM conceived the idea for the manuscript. KM and SA extensively discussed the various pros and cons of consensus-building exercises. NJ and WC brought fresh insight into the topic. All authors participated in discussions and contributed to the write-up. All authors have seen the final draft and approve of it.

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