

LETTER TO EDITOR BMJ

BMJ PUBLICATIONS ON INTERVENTIONAL TECHNIQUES DO NOT MEET APPROPRIATENESS CRITERIA OF CONDUCTING A RAPID REVIEW AND PUBLICATIONS OF GUIDELINES

Recent publications of interventional techniques in the *British Medical Journal* (BMJ) conducted reviews, developed guidance, and issued sweeping negative practice guidelines, effectively dismissing the entire specialty of interventional pain management (1,2). Unfortunately, these guidelines deviate from principles for developing trustworthy guidance outlined by the Institute of Medicine (IOM) and even BMJ itself (3,4).

These extensive publications (1,2), including 78 tables and figures—mostly in appendices—appear to have been released hastily, seemingly before guidance documents were finalized (5-7).

The primary rationale for a rapid review (RR) is to address emerging conditions such as the COVID-19 pandemic, disaster relief, or urgent nonemergent needs like informing new health policy or programs, especially in resource-limited environments (4).

Conversely, RRs are not suitable for large-scale decisions or guideline development with broad resource or implementation impacts, particularly when time allows for thorough evidence synthesis (4). In such cases, a pooled systematic review is preferable. Interventional pain management techniques, in use since 1901, have undergone extensive scrutiny. Numerous systematic reviews—exceeding the number of randomized controlled trials—along with multiple guidelines, have been published (7-10). Disagreements have persisted since 1995, when Koes et al (11) published the first systematic review of epidural injections. Subsequent analyses by the

Agency for Healthcare Research and Quality (12) and Cochrane Review (13) yielded discordant conclusions (14,15).

Significant conflicts of interest exist, as outlined by Cappola and Fitzgerald (16), who noted that the term “conflict of interest” often focuses solely on financial gains, neglecting nonfinancial motivations like academic prestige, which can be equally influential. Clear conflicts are evident in the authorship, which largely comprises individuals either unfamiliar with or seemingly hostile to interventional pain management.

Ultimately, these projects prioritized rapid publication over evidence, causing considerable harm by promoting aggressive, non-evidence-based recommendations, the result of which is that patients may have beneficial treatments withheld.

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