

Level of evidence should be gold standard ▲

EDITOR Several worldwide initiatives have defined criteria for assessing the quality of health information on the internet (box). Over 40 scoring tools are available,¹ and studies examining the quality of health information available on the internet such as that by Griffiths and Christensen have used clinical guidelines as references.^{2 3}

Initiatives to assess quality of health information

Health on the Net code (www.hon.ch/HONcode/Conduct.html)

Code of ethics of the Internet Healthcare Coalition
(www.ihealthcoalition.org/ethics/ethics.html)

Netscoring (www.chu-rouen.fr/netscoring/)

MedCertain (www.medcertain.org), financed by the European Union

American Medical Association, (<http://jama.ama-assn.org/issues/v283n12/pdf/jsc00054.pdf>)

Hi-Ethics (www.hiethics.com)

The French health ministry and council of physicians have launched an initiative to define a French code of ethics for health oriented internet applications. One of the four working groups created aims to define criteria to assess the quality of the content of health sites on the internet (as distinguished from the quality of the site itself). The group differentiated information on the sites that is sensitive for example, concerning the efficacy or toxicity of healthcare interventions from that which is non-sensitive, such as doctors' addresses.

For sensitive information, the group recommended that an indication of the level of evidence for each piece of information should be the main criterion. This recommendation will not be mandatory for all health sites—for example, a website published by a patients' association, with information from patients and their carers, will not need to apply a level of evidence for the information given. None the less, the level of evidence should be indicated in documents, such as clinical guidelines, reports from consensus conferences, teaching materials, and technical reports when the information concerns the efficacy and toxicity of healthcare interventions.

CISMeF was created in 1995 at Rouen University Hospital, France, to catalogue internet health resources in the French language.⁴ In December 2000, of the 9600 resources catalogued (1914 documents: 589 clinical guidelines, 111 consensus conferences, 337 technical reports, and 664 teaching resources), only 63 (0.7%) indicated the level of evidence (59 clinical guidelines and four consensus conferences).

These results imply that we need to encourage publishers of sensitive health information to indicate the level of evidence for each piece of information. There is no reference method for evaluating the level of evidence, but this is not an excuse for not tackling the problem. With an increasing number of people accessing an increasing amount of health information on the internet, publishers have an ethical obligation to help their readers (health professionals, but more so, lay people). The

conclusions of the French working group were that publishers of sites should be encourage to select a simple method (among the existing methods) for indicating the level of evidence for information on their site until a reference method has been validated.

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1. Jadad AR, Gagliardi A. Rating health information on the internet. Navigating to knowledge or to Babel? *JAMA* 1998; 279: 611-614 [[Abstract/Free Full Text](#)].
2. Griffiths KM, Christensen H. Quality of web based information on treatment of depression: cross sectional survey. *BMJ* 2000; 321: 1511-1515. (16 December.)
3. Impicciatore P, Pandolfini C, Casella N, Bonat M. Reliability of health information for the public on the world wide web: systematic survey of advice on managing fever in children at home. *BMJ* 1997; 314: 1875-1878 [[Abstract/Free Full Text](#)].
4. Darmoni SJ, Leroy JP, Thirion B, Baudic F, Douyere M, Piot J. CISMef: a structured health resource guide. *Methods Inf Med* 2000; 39: 30-35 [[Medline](#)].