

?, p.47 cautions that ‘gold standards’ should not be assumed to be error free. ‘It is of necessity a subjective decision when we come to decide that a particular method or instrument can be treated as if it was a gold standard’. The clinician gold standard, the sphygmomanometer, is used as an example thereof. The sphygmomanometer ‘leaves considerable room for improvement’ (?). ? similarly addresses the issue of gold standards, ‘well-established gold standard may itself be imprecise or even unreliable’.

The NIST F1 Caesium fountain atomic clock is considered to be the gold standard when measuring time, and is the primary time and frequency standard for the United States. The NIST F1 is accurate to within one second per 60 million years (?).

Measurements of the interior of the human body are, by definition, invasive medical procedures. The design of method must balance the need for accuracy of measurement with the well-being of the patient. This will inevitably lead to the measurement error as described by ?. The magnetic resonance angiogram, used to measure internal anatomy, is considered to the gold standard for measuring aortic dissection. Medical test based upon the angiogram is reported to have a false positive reporting rate of 5% and a false negative reporting rate of 8%. This is reported as sensitivity of 95% and a specificity of 92% (?).

In literature they are, perhaps more accurately, referred to as ‘fuzzy gold standards’ (?). Consequently when one of the methods is essentially a fuzzy gold standard, as opposed to a ‘true’ gold standard, the comparison of the criterion and test methods should be consider in the context of a comparison study, as well as of a calibration study.