The Standards Committee

The Standards Committee, which is composed of several pulmonologists from across Canada, is one of five standing committees of the Canadian Thoracic Society (CTS). It is concerned with clinical and technical matters bearing upon thoracic disease and its prevention. Because of the size of its responsibilities, three additional very active ad hoc committees on asthma, chronic obstructive pulmonary disease and tuberculosis have evolved, which operate in conjunction with the Standards Committee. In principle, the Standards Committee attempts to suggest optimal practice based on a consensus of opinion among informed individuals on well designed studies.

A relevant topic is selected because of a need for information or guidance in management of a problem where none is currently available or is unsuitable. The outcome of such focused activity is usually the production of a position paper. In practice these position papers are authored by members of a subcommittee appointed because of their specific knowledge and interest. They may be members of the CTS or come from outside the organization in some other discipline. Suggestions for position papers come from a variety of sources, particularly the CTS membership or the Executive Board. Questions that arise are often challenging, especially where insufficient data exist and careful judgment is required.

For example, should α1 antitrypsin be replaced in patients with a deficiency of this substance? A position paper by Guenther et al (1) addressed this question. Central to their recommendations was that a well designed placebo control trial must be used to document benefit and safety before this incredibly expensive treatment is implemented as standard therapy in the treatment of patients with emphysema associated with α1 antitrypsin deficiency.

This paper stimulated interest in creating a Canadian registry to accomplish this purpose and to surmount the difficulty of dealing with relatively small numbers of patients for such a study by combining with groups from other countries. This process is currently evolving.

Over the years the CTS has produced a considerable number of position papers of quite diverse purposes. They vary from clinical recommendations to peculiarly Canadian issues associated with our health care system. A good example of the combination of these two was the paper on Canadian standards for home ventilation by Lilker et al (2). Its recommendations are based on knowledge and experience in existing programmes in four Canadian centres and took into account the Canadian health care system.

Some subjects are of major importance, but because of the explosion of new information and technology surrounding them can become outdated quickly. This was a challenge faced in a paper on lung transplantation in 1991 by Hyland et al (3). Although current in its original form, it required revision before publication.

Advice on various matters relating to thoracic problems may be given to government agencies or other organizations if it is requested. As much as possible, the Standards Committee prefers to be proactive in areas where problems or questions are likely to arise. Currently the committee is concerned with the development of standards for pulmonary function and sleep laboratories. In the latter instance other disciplines have a substantial interest. While such standards are of great interest to the clinician and to the patient, governments are usually also concerned with maintaining quality at the least cost.

Lung disease due to occupational exposures is a perpetual challenge because problems vary with changing industrial technology. Our primary interest is in its prevention and thus current standards must be reviewed and sometimes recommended levels of exposure reconsidered. For example, tens of thousands of Canadian workers and farmers are exposed to grain dust on a regular basis because of their employment. A very experienced CTS subcommittee on grain dust exposure is reexamining this question. Since recommendations can have a major impact on industry and the cost of operation, recommendations must be based on firm data, and may take time to develop.

Future challenges for the Standards Committee lie on the immediate horizon. These include a wide range of subjects, including primary and secondary pulmonary neoplasia and the interstitial lung diseases. The committee welcomes suggestions and looks forward to discussion with the general membership of the CTS or other individuals or organizations who share an interest in respiratory problems and their resolution.

REFERENCES


