Introduction to the Conference

Opinion is somewhere between ignorance and the truth.

Unidentified Assistant Professor

In the best of all worlds, physicians would base their diagnostic and therapeutic judgments on secure, statistically significant data. Unfortunately, despite nearly a half century of modern scientific medicine, there are many topics that remain obscure. The causes of this confusion are many: the absence of studies, poorly designed studies, or an excessive number of variables that defy analysis in studies of practical scale or expense. Whatever the origins, there are a number of questions in the area of mycobacterial disease for which insufficient data exist to make "definitive" pronouncements. Nonetheless, practitioners are called upon regularly to make public health and clinical judgments in these situations. This document was prepared in full realization of the shortcomings of the data, with the intent of compiling well-informed opinion on these controversial topics. The contributors have rendered their judgments after review of the pertinent available information, knowing that time subsequently may prove them wrong. However, the philosophy underlying the preparation of these "consensus positions" has been that such informed opinion ought to prove useful as working guidelines until definitive data are compiled.

The Nature of Consensus

In organizing this conference, our objectives were to assemble a group of knowledgeable and involved individuals working in the field of mycobacterial diseases to seek "consensus" on controversial questions in this field. These experts were chosen from all across the nation representing academia, public health, and private practice. In initial discussions, we identified a few of the problem topics felt to be of greatest contemporary significance. Committees carefully chosen to represent the diverse interests involved were organized to select relevant materials, to analyze the data, and to compile the initial drafts of the documents included in this publication; this process took over three months. The entire consensus group was assembled in February to review all of the initial drafts and to offer comments and criticisms. The assigned committees then revised the documents accordingly. Subsequently, the documents were reviewed and specific controversial areas were discussed at a plenary meeting, again seeking consensus. It is important to distinguish here what is meant by consensus. Contemporary usage describes consensus either as unanimity or majority of opinion. Although we hoped for unanimity, realistically with such a group of specialists in the field assembled, we accepted a two-thirds majority of opinion to define consensus. If there were irreconcilable differences between the final documents and the views held by one of the participants, a disclaimer or minority opinion was included.

ACKNOWLEDGEMENTS

This Consensus Conference arose out of the interest of one man, Irving Rubin, M.D., F.C.C.P., a pulmonary physician who has a strong interest in mycobacterial diseases. Over the years, Dr. Rubin faithfully followed the literature and attended a variety of programs relating to mycobacterial diseases. While he appreciated the academic dialogue he read and heard, he typically came away frustrated that the "experts" usually stopped short of making firm recommendations which might actually aid the clinician when he or she returned to their practice. While he appreciated that the cautious pronouncements arose legitimately from issues that defied definite analyses, he contended that the considered opinion of "experts" would likely result in better practices than would the inferences made by the usual practitioner from the pronouncements of academics who, in their efforts to be scrupulously accurate, qualified their recommendations to the point of confusion. While appreciating the potential risks of installing collective ignorance as dogma in the form of expert opinion, Dr. Rubin felt that an attempt should be made to disseminate more and better information about mycobacterial disease, particularly since modern medical education has tended to ignore this field.

Fortunately, Dr. Rubin had access to a resource which made his dream possible. For the past 34 years he has been the Medical Director for the Pittsfield Antituberculosis Association of Pittsfield, Massachusetts. This venerable organization was founded in 1908 at a time when TB was still endemic among all levels of
American society, reaping a dreadful harvest of morbidity and mortality. As tuberculosis receded as a problem in the local community, the Pittsfield "Anti" chose to broaden their mandate to aid in the search for answers to problems relating to mycobacterial diseases. Beginning with their sponsorship of several ad hoc committees of the American Thoracic Society which generated important statements relating to mycobacterial diseases in the 1970s, followed by international conferences on tuberculosis held in conjunction with the American College of Chest Physicians in Orlando, Florida in 1979 and Toronto, Canada in 1982, the Pittsfield "Anti" has spread its impact around the world.

Serendipitously, they were joined in sponsorship of this venture by The Research Foundation of Northbrook, Illinois. Historically, The Research Foundation arose to promote prevention of tuberculosis through vaccination. Like the Pittsfield organization, this group recognized that tuberculosis control programs locally, nationally, and worldwide needed broad support and thus agreed to help underwrite this venture. Still committed to a full analysis and open consideration of the role of vaccination in tuberculosis prevention, The Research Foundation nonetheless offered broad support to the assembling of this group and the preparation and publication of these proceedings.

We strongly hope that these documents do serve to put forward the consensus of this group of experts with sufficient clarity to aid health professionals with very difficult decisions and yet with sufficient humility that they do not impede nor obscure the search for "real truth." If they fail on either account, we submit that the failings are ours and not with this approach which we believe will have increasing relevance in the years ahead as medical information and issues become increasingly complex.

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