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# Obituary: the Canadian Task Force on Preventive Health Care

The Canadian Task Force on the Periodic Health Examination (later renamed The Canadian Task Force on Preventive Health Care) published its first set of recommendations almost exactly 24 years ago, in November 1979.[1] But it seems that the era of the Task Force is over: as of April 30, 2004, the Task Force will lose its Health Canada funding (see page 1202).

The initial report covered 78 target conditions, the scope of its recommendations ranging from prenatal toxoplasma serology to breast cancer screening in women aged 50–59 to annual assessments of progressive incapacity in elderly patients. The Task Force exerted a salutary influence not only by carefully assessing health check-ups and preventive services but also by establishing standards of evidence. Its systematic classification of research into levels of evidence (I, II, III) and grades of recommendation (A through E) is an innovation that persists to this day. Also important was the identification of gaps in research. In its first report, the Task Force identified 21 priorities for investigation, thus pointing granting agencies and researchers toward areas that urgently needed study.

The Task Force launched what would become (not unproblematically) a veritable industry of clinical practice guidelines and consensus conferences. PubMed lists only 6 guideline articles for the years 1970 to 1979 (keyword "guideline," limit "practice guideline"); for the next two decades there are 218 and 4430 entries, respectively. This accelerating growth continues: 2683 guidelines have already been listed since 2000.

So why is the Task Force on the way out? Except for a brief period when the provinces also contributed, Health Canada provided the entire annual budget (about $500 000), a laudable investment that has paid dividends in health care and health. Perhaps Health Canada is abandoning the Task Force because of the abundance of CPGs and consensus conferences, many (if not most) of which are paid for by industry through grants to individuals and to illness-specific foundations focused on diseases ranging from anemia to diabetes to stroke.

But here we need to be cautious. As George Orwell pointed out with regard to paid book reviewers (such as himself), the private sponsor can count on the reviewer to "find something to praise, whatever his private opinion of the book may be,"[2] an insight empirically demonstrated in an increasing number of guideline evaluations.[3]

There are, of course, other publicly funded agencies that evaluate technology. The federal government has recently injected an additional $45 million into the Canadian Coordinating Office for Health Technology Assessment (CCOHTA). Technology assessment groups do tackle important health care questions in an unbiased manner, but they sway the agenda toward marketable commodities such as drugs and devices and away from multifaceted manoeuvres such as patient education, violence prevention programs and the management of low-back pain.

One could argue that the Task Force has done its work: most of the key questions have been addressed, and spending taxpayer resources on peripheral questions is not cost effective. But this argument is weak: not only are there more questions, but their implications are more costly. Advances in imaging technology, genomics and other areas of health care are revealing new risk factors. There is not a reduced but rather a greater need to evaluate preventive remedies. Recent reports in the US show an inverse relationship between the quantity of care and life expectancy, a finding that should encourage us to reconsider not only the cost but also the utility of some medical care.[4]

The Task Force's greatest strength was its focus on key health problems facing the population and on the prevention and treatment of these problems. There is no doubt that part of the gains we've seen in life expectancy are a result of providing better prevention and therapy. In the current marketplace of health care technologies, where motives are mixed and boundaries are blurred, the Task Force remains a credible source of disinterested assessment. We hope that reports of its death are greatly exaggerated. — *CMAJ*

## References


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