EDITORIAL

Steering clear of the federal bureaucracy

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Editor

Donald Fredrickson, current head of the National Institutes of Health, is a man of strong convictions who aims to save his ship from bureaucratic piracy.

Fredrickson has strong feelings about three major policy areas. He is devoted to the vigorous pursuit of basic science under the grant system, with peer review. Like most of us, he believes peer review has been a major contribution to science policy and should never be scrapped. The millions of hours devoted to evaluation of research grants by members of the nonfederal science community have been an unsung major contribution to good science and sound economics. Appointment to study sections has been kept free of political control.

As much cannot be said for membership in NIH councils, although, on balance, they too have performed well. The fact that the directorship of the NIH has been made a presidential appointment shows the ever-present danger of encroachment by politics.

An example close to everyone's heart has been the cancer crusade. Launched at a time when knowledge of neoplasia was inadequate for a great leap forward, it was overorganized in a plan that, had it been carried out rigidly, might have spelled disaster. I received my lumps at the time for saying so (MM, July 26, 1971, p 73), but I can report that management of the National Cancer Institute (NCI) has been better than we had any right to expect. Still, the project came under severe criticism after scientists finally, and reluctantly, realized what had happened right under their noses and often with their blessing. It speaks poorly for their prescience.

Fredrickson was one who saw the potential danger. If the very
The only casualty of the debate on fetal research was the use of federal funds for research on methods of abortion. This means that research on new methodology, such as use of prostaglandin derivatives, has become a monopoly of Scandinavia and western Europe. We will have to accept their technologies, when they arrive, without our own research base for evaluation.

WHAT ABOUT the ethics and utility of large clinical trials, such as those for heart disease and cancer? Fredrickson is all for them and has committed a substantial part (10%) of the total NIH budget to them. The really big ones are the kinds of experiments only government can do. NIH now has more than 30 projects in progress that involve more than 1,000 subjects each.

For those who have a "pet" disease, Fredrickson prays that Congress will not be persuaded to mandate yet another institute for its study. Every new institute starts small but soon catches fire and proliferates epicenters, core programs, and bureaucrats. With financial support dwindling, such added programs could spell disaster. The NIH must be trusted to set priorities according to its skills and resources.

FREDRICKSON HAS this to say about his views: "The relationship between biomedical science and the practice of medicine is an extraordinarily close and interdependent one. Nearly all of the additions to the doctor's bag—the new tests in the clinical laboratories and the steadily increasing capabilities for treatment and prevention of disease—come from science. At the same time, this new knowledge and technology has little power over illness until it is skillfully used by physicians or other health practitioners and
their patients. The full loop must be closed if discovery is to benefit the human condition. Physicians and scientists share the admiration of the public when they are successful. They also share the criticism when costs of their innovations seem to exceed benefits, when access to them is uneven, or when they create ethical dilemmas that lie beyond the capabilities of science or medicine to resolve.

"NIH is the custodian of the largest share of the nation's resources dedicated to biomedical science. NIH has no regulatory activities, in the sense of those carried out by FDA or certain other federal agencies, except the steps it requires to assure that the research supported by us is protective both of the subjects involved and of the environment that all of us share. The agency is fully responsible to the public demand for transduction of knowledge to the power to heal. The medical profession is the principal translator of this power. The measure of our combined contributions to mankind lies in the diligence, wisdom, and accountability with which we continue the enterprise that inseparably links medicine and science."

The shakedown cruise for a reconditioned ship with a new captain has begun. The waters are already rough and will get rougher. What Fredrickson and his advisers do in the next decade will profoundly affect the practice of medicine. We have a good man and true. He needs our support and our criticism as well, the support to stand for what he believes and the criticism to keep the ultimately fatal Washington syndrome at bay.