

Concepts of the President's Commission  
on Heart Disease, Cancer, and Stroke

Michael E. De Bakey, M.D.

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MICHAEL E. DE BAKEY, M.D. \*

IT IS A MATTER OF GREAT SATISFACTION to those of us who served on the President's Commission on Heart Disease, Cancer, and Stroke that submission of our Report in December has been followed by the introduction, early in the present session of Congress, of legislation embodying several of our key recommendations.

A primary objective of the Commission, throughout our deliberations, was to bring together the worlds of medical research and medical practice to serve the needs of patients suffering from the three great killer diseases. To achieve this end we designed a system of regional networks or complexes, made up of research centers and diagnostic and treatment stations, based upon and related to an existing medical center.

These complexes were envisioned, not as an entirely new system of medical services superimposed upon a region, but rather as a means of strengthening and pulling together the medical resources now in existence. In such a system, each physician would have, readily accessible to him for the benefit of his patients, the full range of up-to-date knowledge and skills already developed through research. At the same time, each physician would be contributing to the generation of new clinical knowledge.

The proposed Heart Disease, Cancer, and Stroke Amendments to the Public Health Service Act, would authorize grants to medical schools, universities, research institutions, and other pub-

lic or private nonprofit agencies for the purpose of planning and developing such regional coordinated arrangements. Applications for such grants would be reviewed by a new Advisory Council to the Surgeon General on Medical Complexes. Among other requirements, each grantee would need to demonstrate that all important medical elements of his region were involved in the plan through the formal establishment of a local advisory body.

Each complex would have three interlocking purposes: the advancement of knowledge through research, the strengthening of manpower resources through teaching programs, and the demonstration of patient care in the fields of heart disease, cancer, stroke, and such other major diseases as may be deemed appropriate. Funds granted could be used for nearly any purpose associated with the development of the complex—including construction of needed new facilities, support for teaching programs, and staffing—although payment for the costs of patient care may be made only as they relate to research, teaching or demonstration.

Thus this is not essentially a construction program, although new facilities will be constructed; it is not wholly a research program, although research will be advanced. Nor does it represent a revolutionary intrusion into the realms of health economics as related to patient care.

At root it is a program of fusion among research, teaching and medical service, to a degree not previously achieved. In this lies its innovation. We believe that the enactment of the Heart Disease, Cancer, and Stroke Amendments will strengthen our national medical resource in dealing with these diseases, and we commend it to your professional attention.

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\*Professor and Chairman, Department of Surgery, Baylor University College of Medicine, Houston, Texas; Chairman, President's Commission on Heart Disease, Cancer and Stroke.