EDUCATION

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

SUITE 200, ONE DUPONT CIRCLE, N.W., WASHINGTON, D.C. 20036

March 8, 1971

TO ALL REPRESENTATIVES TO THE COUNCIL OF ACADEMIC SOCIETIES AND OFFICERS OF MEMBER SOCIETIES.

The Executive Committee of the Council of Academic Societies recommended that the report of the Ad hoc Committee on Bio-medical Research Policy, chaired by Dr. Louis G. Welt, Chairman, Department of Medicine, University of North Carolina School of Medicine, be submitted for publication to the JOURNAL OF MEDICAL EDUCATION. The Editorial Board of the JOURNAL has received the report and is in the process of reviewing the typescript.

The typescript is 70 pages long; therefore, it was recommended that only the Summary of Conclusions and Recommendations be sent to the CAS membership at this time.

The conclusions and recommendations strongly recommend that bio-medical research support be considered a matter of highest priority for the Nation. It recommends that a public information plan be evolved to inform our citizens and their governmental representatives of the benefits of bio-medical research to the Nation's health and productivity. It further recommends that the AAMC take a major role in collating and collecting information on the process and function of bio-medical research.

Because research is a key factor in the total enterprise of medical education, it is appropriate that the bio-medical research effort primarily be based in the Department of Academic Affairs; however, other departments of the AAMC, particularly Planning and Policy Management, will work closely with Academic Affairs.

I am in the process of searching for an individual to assume major responsibility in this area. Preferably, I would like to have someone who has had research and teaching experience in a medical school. The individual should be interested in spending several years with the AAMC but should plan to eventually return to a medical school carrying with him the knowledge gained through working in the Association and in contact with Federal agencies.

It is important that this person be brought on board soon in order to establish a more long-range bio-medical research planning capability in the AAMC. Your ideas and the names of prospective individuals will be appreicated.

Sincerely yours,

August G. Swanson, M.D. Director of Academic Affairs

AGS:cc

SUMMARY OF CONCLUSIONS AND RECOMMENDATIONS

Conclusion: That biomedical research has contributed in substantial ways to longer life and better health for all Americans. Impressive progress continues to be made against the formidable health problems remaining. Nevertheless, biomedical research is under attack, sharing with all science much of the blame for problem-causing technologies and for failure to cure social ills.

(1) Recommendation: That the nation adopt a policy of supporting more, rather than less, biomedical research, in full recognition of the fact that no other course can offer hope for ultimate solutions to health problems.

That the public supports science as a means to an end, not as an end in itself. But applied research leading to practical results, it should be made clear, can go only so far without new knowledge from basic research and will falter if it exceeds its science base.

(2) That the public be made aware of the payoffs from basic research, through cost-benefit analyses in which life-saving results are traced to their origins.

That biomedical research and medical education are mutually dependent and mutually beneficial.

(3) That medical schools and their affiliated hospitals continue to be the principal sites of biomedical research effort in this country, thus enhancing the training of physicians and other health workers, the care of patients, and the research itself.

That the President's Task Force on Science Policy, in April 1970, is commendable for its emphasis on the importance of scientific leadership to the achievement of national goals.

(4) That the President, in the spirit of his Task Force's recommendations in support of science, endorse an unequivocal statement of the Federal commitment to biomedical research.

That the environments in which productive research can be conducted vary greatly, and that the deployment of efforts should be guided by the principle of maximum yield for funds invested.

(5) That maximum productivity be sought through encouragement of the creative mind and of creative interaction, to be achieved through freedom of choice in careers and residence.

That the President's Task Force, in extolling the free-enterprise system as a science resource, fails to give due credit to nonprofit institutions for the conduct and support of life-saving discoveries.

(6) That national science policy take full cognizance of the productive relationship of the Federal Government and academia, and that ways to improve this relationship be explored. Consideration should be given to the potentialities of the university consortium—of voluntary cooperative efforts against a given problem, in multiple settings through shared awards.

That the National Institutes of Health is the main Federal supporter of research and development at educational institutions, and that its parent agency, the Department of Health, Education, and Welfare, accounts for over half of all Federal aid to academic science.

(7) That the American Association of Medical Colleges engage actively in shaping national biomedical research policy, particularly in respect to the important role of NIH in science support.

That the Federal Government has become the main source of funds for biomedical research, providing nearly two dollars for each one from the nonfederal sector. In addition, its programs support research training, facilities, special resources, and the institutions themselves.

(8) That the bodies of the Executive and Legislative Branches of the Government concerned with the making of science policy be urged to continue Federal appropriations for biomedical research as vital to the national health effort and in the public interest.

That the rate of increase in biomedical research support has not kept pace with that of the GNP, the Federal budget, or national health care. Recent increases have been more than offset by rising costs, so that the trend in constant dollars is level or downward. Meanwhile, the phasing out of research construction and the reduction of training programs bode ill for the future.

(9) That the national policy for biomedical research assure support at levels sufficient to engage all well-qualified brainpower, and that consideration be given to expansion at a rate determined by widening research opportunities.

That a high proportion of graduate trainees in medical schools (about 60 percent) would be unable to continue their extra training, vital to research and teaching, if their stipends were changed to loans, as contemplated by the Office of Management and Budget.

(10) That the Administration and the Congress be urged to continue Federal programs providing fellowships and other stipends for advance training in the health sciences and clinical specialties.

That various means of support for biomedical research, ranging from the individual project grant or contract to the program-project and institutional grant, have their place in meeting program objectives of both supporting agencies and performing institutions.

(11) That the individual project grant, awarded through peer review, continues to be the primary instrument of biomedical research support. An expanded system of program-project support should be addressed to problems of high relevance.

That the biomedical research to be supported is of two main types—basic and applied. No fixed ratios can be stipulated, but allocations should be based on research opportunity and on national priorities among health problems.

(12) That new ways be sought to meet the various needs of biomedical research and training, including consideration of a Department of Health or a Department of Science and Education. Peer review is strongly endorsed, but the review mechanism should be streamlined.

That important tasks and questions face the Biomedical Research Policy Committee. These include determination of support levels for the next decade according to the recommended principle of full utilization of brainpower.

(13) That the Committee undertake or sponsor studies to demonstrate the contributions of basic research, to delineate areas in which target research under contract would be productive, and to improve health-care delivery.

That the implementation of biomedical research policy requires effective communication at all levels. There is particular need for more public information on the nature, the goals, the implications, and the costs of medical science.

(14) That a major effort be made to improve the general public's and their leaders' understanding of biomedical research, through development of a

communications system which would in turn be part of a broader network linking all persons and organizations concerned with matters of health.

That the Biomedical Research Policy Committee of the Council of Academic Societies should prepare this report setting forth the Committee's considerations to date concerning the formulation of a policy on biomedical research for the AAMC, and that it should present a more definitive report by June 1971.

(15) That the Council of Academic Societies publish the reports of the Biomedical Research Policy Committee and distribute them to interested persons within the AAMC, the Federal establishment, major civic organizations, and other influential groups.