

Commentary

Belt-tightening at the NIH

Just How Alarming Is the Alarm?

SHOULD cost containment, an increasingly prominent consideration in clinical medicine, be applied equally to biomedical research? Or ought publicly financed research be shielded in some way from economic constraints, not to mention political and social pressures? As an alarm is sounded¹ over proposed cutbacks in allocations to the National Institutes of Health (NIH), it is necessary for physicians and other members of the health care field to seek answers to these questions.

Such scrutiny may affront many researchers who rightly see themselves as devoted workers and innocent bystanders (or victims) of political tugs-of-war. Indeed, scientists at the NIH and many "alumni" throughout the country have every reason to be proud of their investigations into the cause, detection, therapy, and prevention of disease. To call the NIH the foremost biomedical research center in the world is an understatement. Even the casual visitor to its campus shares the excitement and privilege of its scientists. Moreover, the NIH has improved with age, and it may well be the healthiest 93-year-old in the nation.

No one is more than a computer keyboard signal away from a MEDLINE search at the NIH's National Library of Medicine. Consensus development conferences are useful, innovative forums for consumer, provider, and researcher alike. THE JOURNAL and its worldwide readership have benefited not only from the countless original contributions of NIH investigators but also from the important regular NIH feature, "Research Findings of Potential Value to the Practitioner."

To introduce the matter of cost containment, then, is certainly not to question the achievements of the NIH, the devotion of its researchers, or the nature of its contribution to public well-being. Nor would one dare to argue the need for research or to confuse the issue of cost containment with that of accountability.

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Strange Bedfellows?

But the fact is, political considerations are part and parcel of government-sponsored research. Only a naively selective viewpoint would ignore the reality that many scientists, especially in the movement toward categorical targeted research (that is, research projects with a stated goal and oriented to a specific disease or problem), have become quite politically adept at winning enormous fiscal allocations from Congress and other public funding sources. Politics, moreover, has long been a fact of life at the NIH:

In the U.S. Senate a few weeks ago Homer Truett Bone, small desiccated senior Senator from Washington, button-holed his colleagues, one by one, with a grim persistence. He did not have to tell them that his and their old friend Senator Peter Norbeck died eight months ago from cancer. He did not have to remind them that by the time a U.S. citizen reaches the age (30 years) when he is eligible for election to the Senate, he must be wary of cancer. Result of his effort was that Senator Bone got advance assurance of unanimous Senate approval of his bill to finance a National Cancer Institute.

In due time Senator Bone's bill and companion bills sponsored by Representatives Bulwinkle of North Carolina and Maverick of Texas came up for public hearings. Half the cancer specialists of the country, persuaded by Dr. Lewis Ryers Thompson, assistant surgeon general of the U.S. Public Health Service, appeared to testify (*TIME*, Aug 16, 1937, p 30).

In the very opening sentence of his detailed overview of the NIH, Sherman² acknowledges that it was "the employment of scientific effort to achieve a major political purpose" that produced the NIH. In recent generations, research has been the glamour girl of the medical field, and nearly everyone would agree that it has "paid off" on the public investment.

It is understandable that NIH researchers would be extremely concerned about indications that Congress wishes to cut back on scientific funding. But similar alarms have been sounded throughout the past decade, and the NIH has weathered many other storms related to the allocation and surveillance of grants.

Accordingly, a discussion of the future of research

funding could prove beneficial at this time—a discussion (as Spiro³ has requested) “free from self-interest.” Doubtless against their better judgment, many scientists have gone along with targeted research—and its implicit promise of a “cure in every barrage” of funding—because of Sutton’s law, ie, that’s where the money is. Such compromise may be back to haunt them, in the form of accountability. If scientists are called on to produce results within a certain time span and within a specific framework based on a politician’s recollection of the Manhattan Project, the Apollo mission, or the development of the killed poliovirus vaccine, then we may well see the elimination of potentially valuable programs that “did not deliver.” In the competition for grants, researchers may be reduced to making outlandish specific claims—claims that will nonetheless be picked up on and broadcast by the media.

Whether most medical research will suffer from the proposed deceleration of increases in funding is just not clear, even in the area of manpower. As Braunwald⁴ notes, “Effectiveness in research does not automatically follow the flow of funds into a field. It requires the recruitment and training of that relatively small number of investigators capable of scientific creativity.” (In light of increasing annual allocations to the NIH over the past decade despite a smaller number of researchers, one could reasonably ask whether individual domains are being created.)

Potential Benefits

The proposed budget cutback—if, in fact, a 4% increase in intramural (on-campus at NIH) funding and an 11% increase in extramural (nationwide) funding can truly be called a cutback—could be turned to good advantage. Sweet are the uses of adversity: The funding issue is a challenge to NIH scientists to rethink project designs and to make cost-effectiveness a greater consideration. Does *all* research in all existing areas warrant increased funding? Fiscal belt-tightening cannot fail to lead to a better management of funds.

Ingenuity itself can be stifled by too paternalistic a government and too easily gained and freely flowing a source of funding. A symbolic cutback of costs on the part

of researchers might well eliminate the unwanted pressure of constantly having to produce results. The taxpayer might then gain a more realistic understanding of the limitations of research and may pay greater heed to messages concerning primary prevention of disease.

It simply does not follow, as is alleged, that because of a cutback in intramural funding at the NIH, the quality of teaching in the nation’s medical schools will decline or that public knowledge about health will diminish. To the contrary, there is already a dismaying and widening gap between the vast amount of basic science knowledge researchers and clinicians have accumulated and the amount of basic health information about which the public still needs to learn. One of the best ways for the NIH to improve its standing is to work more vigorously at enhancing public knowledge about health; such activity, although mandated in its charter, is a miniscule part of NIH programs.

Recently, a Broadway revival of the play “Watch on the Rhine” was set to close after it had been panned by the critic for the *New York Times*. But the cast, gratified by appreciative audiences and imbued with what they saw as the serious moral importance of the play (and perhaps the preservation of their own livelihood), met and asked themselves whether they believed strongly enough in the play and in themselves to keep it running a few weeks longer. They decided to take a drastic cut in pay and convinced management that the show should go on.

Lest repeated sounding of alarms begin to suggest elitism on the part of NIH scientists, they might do well to consider the present “crisis” an ideal time to test their mettle. “This is the night/that either makes me or does me quite” (*Othello*).

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1. Grouse LD: NIH intramural program endangered. *JAMA* 243:1166, 1980.
2. Sherman JF: The organization and structure of the National Institutes of Health. *N Engl J Med* 297:18-26, 1977.
3. Spiro HM: Goals and controls—grants and contracts. *N Engl J Med* 293:545-547, 1975.
4. Braunwald E: The training of manpower needed for biomedical research. *N Engl J Med* 292:290-293, 1975.