NAS Institute of Medicine: What role will it play?

The institute will provide much-needed focus on problems of health care delivery. But its task will not be easy.

by Joan Lynn Arehart

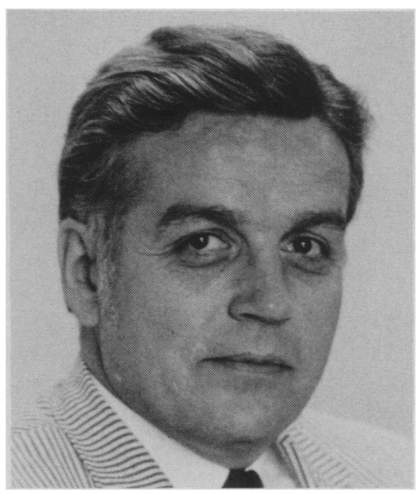
It is hardly a revelation that the United States has never had a well-defined medical policy, at least compared with the Soviet Union, China and some European countries. True, the Federal Government has taken on increased financing of medical research and development (62 percent of all costs in 1970), so that the Department of Health, Education and Welfare, specifically the National Institutes of Health, has tended to establish some policy. Congress, other parts of the executive branch and the shadowy, but mighty, Office of Management and Budget and varying lobbying groups camping around the Capitol have also had their says on medicine. But whatever national policy there is has been diffuse at best—and loaded far more toward medical research than toward health care.

In fact a health care delivery policy has been virtually nonexistent in the United States. This admission comes from no one less than Edward David, science adviser to the President, in an interview with SCIENCE NEWS. Yet such a policy is now necessary in view of the crisis in the delivery of health care: the fragmented, duplicated or inadequate health care facilities; the poor deployment of scarce health care personnel; the high costs of medical services; the lack of a good system of preventive medicine. The problems have special immediacy now that proponents of a welter of national health insurance proposals press for action in Congress.

Where is such policy to come from? Congress offers little direction. (A spokesman from a Senator's office admits that someone should sit down and map out a health care delivery system, but his office just hadn't gotten around to it.) Nor does the executive branch. The answer, then, is that health care delivery policy must come from the private sector. Yet neither well-entrenched medical and health organizations, nor a burgeoning health care industry, have provided an excess of inspiration in this direction.

Thus the new Institute of Medicine of the National Academy of Sciences headquartered in Washington, raises hopes that it may be the necessary vital force. Its goal is to produce reasoned, balanced and impartial recommendations for developing an American health care delivery policy.

Actually the institute was fermenting in the minds of some physicians and scientists four years before the NAS officially agreed to take the institute under its canopy in August 1970. As Walsh McDermott of Cornell Medical College and one of the institute pioneers said, we let "every participant ride his own hobbyhorse around the room until it was exhausted." Vested interests then worn out, the institute fathers sat down and drafted a sober and promising charter. It makes the institute an integral, yet semi-autonomous satellite of



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Hogness: Institute will be vigorous.

the Academy with its own president, elected membership and executive committee. It subjects the institute to the same quality controls the Academy submits to. When the institute speaks, it will be with the voice of the NAS behind it. Institute president John Hogness, formerly with the University of Washington, hung his hat at the NAS last August. The institute held its first annual meeting at the NAS Nov. 17 and 18.

To judge whether the institute might provide some bold health care directives for the United States, however, calls for a brief look at the NAS' past participation in American medical policy. In its strictly honorary capacity the NAS comprises some thousand scientists at best. Yet some 8,000 scientists and other specialists participate in various NAS-National Research Council studies annually. The NRC has tended to undertake studies on contract for sundry governmental bodies and agencies. Medicine hasn't received top priority in such studies, though, and even in medical studies scant attention has been paid toward medical research policy—especially health care policy. What's more the NRC has tended to play a passive role, almost a donnish one. Government has sought it out for assistance; it hasn't made the overtures.

In view of traditional NAS-NRC participation in national policy, then, the institute is a revolutionary child of the NAS for several reasons. It plans to deal largely with health care delivery problems and policy. In Hogness' words, it plans to be vigorous, if not unabashedly aggressive. The institute will soon total 400 members, a charter requirement (some 200 are chosen already). The members include, according to charter, not just the usually vaunted medical doctors, but a generous cross-section of other health professionals, as well as renaissance-type men and women from outside the health arena who have something to offer. In fact the institute charter requires that at least one-fourth its members must be from outside the health profession.

Before being elected, all institute members must have shown prior interest in, and concern about, problems and issues in health care, disease prevention, medical education and medical research, and express willingness to commit a significant portion of their time to work on them. Those institute members already elected do give evidence of dedication (they paid their own way to Washington for the November meeting). They plan to work hard, asserts Frederick Mosteller, a Harvard statistician, an institute member and one of a team for a study the institute already has under way—to determine why death rates differ considerably from hospital to hospital. In fact, although the institute is hardly shored up yet, it has various studies lined up or in the hopper.

In addition to the death-rate inquiry, the institute plans to take an extensive, in-depth look at the national health insurance proposals now before Congress (such a study would take a year or two, but there is probably time for it before Congress acts, Hogness believes). The institute plans also to examine the questions of dying with dignity; physician-patient relationships; interactions of health care professions; interrelations of health profession education programs; health manpower needs; organization of the medical delivery team and other health care matters.

David believes the institute will play a crucial role in advising various branches of the Government on health care and health care policy. So does Charles Edward, commissioner of the Food and Drug Administration. So does Hogness; so do the new institute members. Yet the institute's mark, it must be cautioned, is yet to be made. What studies should the institute undertake? Obviously not ones that may conflict with other studies under way—a malpractice scrutiny being undertaken by HEW, for example, or another one on blood banks; or on medical ethics, which other groups are better geared for. A study of health in public schools might possibly be feasible, Hogness indicates. There is also the touchy, yet tangible question of finances. Will the institute become self-supporting? Hogness reported to the institute members that while the NAS has laid out some $176,000 for rudimentary staffing, office and travel expenses during the institute's fledgling year or two, it is up to him to get out and politick for the money to keep the institute going. Hogness is already hitting not just Government but various private foundations for money to finance the various studies the institute would like to undertake.

The need for the institute is obvious; the time for its emergence is all too ripe. The question now is whether Hogness and his devotees will be able to follow through on their aims. Will the institute address itself to issues affecting diverse facets of national health policy without bias or succumbing to self-interest groups? As part of the NAS will it respond authoritatively, vigorously, thoroughly to requests for advice from Congress, the White House and different Government agencies? Will it take the initiative where it feels strong action is crucial to health care? Will its answers be cogent, robust and imaginative? Will they offer substantial, practical solutions?

The institute's challenge is tough yet sharply defined: to shape a health policy for the United States. It won't be easy. □