

IOM says NIH budget process needs more public input

After almost ten months of study, a 19-member panel has concluded that the National Institutes of Health (NIH) should seek more participation from patient advocacy groups and the general public to help set research priorities (*Nature Med.* 4; 375, 1998). The panel, chaired by Leon Rosenberg of the Woodrow Wilson School of Public and International Affairs at Princeton, was assembled by the Institute of Medicine at Congress' request. Its report chastises the NIH for operating in relative secrecy, giving rise to what it describes as a public perception that the most money goes to whichever group shouts loudest on Capitol Hill.

The report recommends that each of the 21 research institutes at the NIH establish an office devoted to soliciting public opinion. In addition, a central Office of Public Liaison should be set up within the Office of the Director to coordinate public outreach efforts and a Director's Council of Public Representatives—with laypeople joining doctors, lawyers and professors, each serving three year terms—should be put into place to mediate the exchange of information between the NIH director and the public. Although this sounds to most like an administrative nightmare, Rosenberg does not agree. "We are not talking about a giant new bureaucracy," he insists, adding "I don't know what the cost [of setting up such a system] will be, nor where the funds will come from."

It is uncertain whether such changes will

require Congressional legislation. If they *are* implemented, there will undoubtedly be a shift of advocacy pressure from Congress to the NIH. Institute directors will have to become more politically savvy. But the fact that NIH director, Harold Varmus was seated next to the first lady at President Clinton's State of the Union address in January may be a sign that NIH is preparing to take on a higher political profile.

At a press conference to discuss the report's findings on July 8th, Rosenberg said his colleagues were aware of some "celebrated examples where very effective and forceful lobbying" that had led to increased funding for certain diseases—"breast cancer and AIDS being two clear examples." Faced with this scenario, he believes that NIH scientists are better placed to explain research funding decisions than members of Congress. The public may then understand why it is necessary to fund research into diseases disproportionately, and the knee-jerk reaction of Congress to throw more money at an illness based on emotional outcry may be removed.

According to the panel, the NIH spends \$110 annually per death from AIDS, compared with \$10 per death from cancer, \$3 per death from heart disease, and \$2 per death from stroke. In FY96, NIH spent only

\$851 million on heart disease, even though it is the nation's top killer, causing 730,000 deaths and an estimated \$140 billion in direct and indirect costs. Meanwhile, the agency spent \$1.4 billion on AIDS, the seventh leading killer.

The panel called on NIH to begin better matching research efforts with 'disease burden'—the cost to society associated with disease morbidity and mortality. However, the quality and availability of 'disease burden' data is another area that is currently not clear.

It is calculated that the NIH research budget will reach at least \$14.8 billion in 1999, up from \$13.6 billion in 1998, and some congressional proposals have called for faster increases over the next five years.

Rosenberg told *Nature Medicine* that his personal thinking on the issue of public input into NIH research spending had changed dramatically during the course of the committee's deliberations. As a recently retired president of Pharmaceutical Research at Bristol Myers Squibb—a post in which decisions on how to spend research money are made strictly behind closed doors—Rosenberg is now convinced that as a publicly funded agency, the NIH must be more accountable to the people.

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Judge permits review of UK scientific report on smoking

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The British government's White Paper outlining its policy on tobacco control may have to be released later this year with-

out the most up-to-date information on smoking gathered by the government's Scientific Commission on Tobacco and Health (SCOTH). A July 6th ruling by Judge Justice Moses gave the four biggest UK tobacco companies (BAT, Gallaher, Imperial, Rothman) permission to challenge SCOTH's February report in the High Court.

Although he did not fault the accuracy of the committee's conclusions, Judge Moses decided that sections of the document that discuss marketing and adver-

tising have the potential to be commercially damaging to the tobacco industry. Under these circumstances, the Judge concluded, the industry should have been consulted on these matters before publication.

A member of the Department of Health secretariat who also served on the SCOTH advisory panel admits that although the industry was consulted at length regarding the statements on lung cancer and passive smoking, "we didn't consult them on every aspect of their marketing intention."

In particular, criticism was leveled at the report's expert advisor on marketing. His analysis that advertising messages are frequently targeted at young people through links to sport or by depicting cigarettes as fashion accessories, was referred to by industry lawyers as "a suggestion that the objective of the advertisers is to expand the

market using various strategies to persuade young people to smoke more." This, they insist, is not the intent. They advertise only to keep their share of the market—a difficult argument to follow since it has been suggested that the industry "needs to recruit more than 300 new smokers/day to replace those who die from smoking-related disease."

The legal maneuverings by the tobacco companies is reminiscent of tactics used in 1996 to challenge a report on passive smoking by the Australian National Health and Medical Research Council. This document was ultimately quashed on the grounds that the consultation process had been flawed. It is currently uncertain whether the SCOTH report will suffer the same fate.

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