

New director named to lead INSERM

Several weeks of suspense came to an end when the French government announced in late July its choice to fill the position of General Director at the head of the National Institute of Health and Medical Research (INSERM), formerly held by Philippe Lazar, who was courteously dismissed. The new director, 60-year-old Claude Griscelli, is a renowned scientist in pediatric immunology who has been director of the immunology and hematology pediatric unit of Necker Hospital in Paris.

As Griscelli takes on the duties of the head of INSERM, he will find France's largest public biomedical research institute at a turning point in its history. During Lazar's tenure, INSERM achieved international scientific credibility as tougher and more transparent evaluation procedures were implemented regarding the work of researchers and laboratories. To ensure a continuous renewal of personnel, Lazar instituted "the 12-year rule," which obliges INSERM Unit's directors to quit after 12 years and to seek a new position, either within the organization or elsewhere (however, Lazar led INSERM for 14 years). During Lazar's directorship, INSERM's budget more than doubled, going from FF 1.02 billion in 1982 to FF

2.4 billion in 1996.

But times have changed, and the era of the fat cow appears to be over. With the government implementing austerity measures everywhere, INSERM shows only a 0.3 percent increase in the preliminary governmental budget for the year to come. With the rate of inflation estimated to rise 1.9 percent, INSERM's budget will actually decrease.

Nevertheless, Griscelli hopes to continue along the same path followed by his predecessor, strengthening "medical" research (as opposed to basic biological research), but with his own personal touch. For starters, Griscelli wants to improve the "continuum" between fundamental, medical, clinical and public health research, not only in INSERM's 271 research units, but in the 50 Federated Institutes of Biomedical and Health Research (IFR), as well.

"Every scientist in basic biomedical research must be concerned by its applicable benefits toward mankind and more importantly, the sick," says Griscelli, who recognizes that it is difficult to make scientists do goal-oriented research when they don't want to. "Mostly, we will try to communicate, inform and motivate," he says.

However, the new INSERM head hopes

to free up enough funds, by cutting administrative expenses, to add 19% to INSERM's "incentive credits" to specifically finance research projects in the privileged fields of clinical and public health research.

Despite plans, the only concrete measure taken by Griscelli so far is the creation of a scientific "mission" composed of a scientific director for each of several "priority themes." This mission has been charged with monitoring trends and new developments, and will help to apply and coordinate new policies.

Bertrand Jordan, from the Marseille-Lumigny Immunology Center, believes that this is a good initiative that will allow laboratory directors to have a scientific interlocuter present at INSERM's headquarters. Others see it as "piloting the plane from the tower," as well as another risk to academic freedom.

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Claude Griscelli

Consensus on maternal drinking on the rocks

For the last three years, 20 Canadian national health groups have been trying to forge a consensus statement on fetal alcohol syndrome. In part, they wanted to reassure women who'd had a couple of drinks before learning they were pregnant that they hadn't harmed their babies, responding to anecdotal reports of women who'd sought abortions for just that reason.

But when the statement was released last month, only 19 groups had signed. The one holdout was the organization representing key players in the care of pregnant women — the Society of Obstetricians and Gynecologists of Canada (SOGC).

The split between SOGC and the 19 other groups was over the question of whether there was a safe level of drinking during pregnancy. SOGC says there is, and the other groups — including the Canadian Medical Association and the Canadian Pediatric Society, as well as the federal health department — say there isn't.

"There is no definitive information that can be conveyed to women regarding a safe quantity of alcohol use during pregnancy," the statement says. "Consequently, the prudent choice for women who are or may become pregnant is to abstain from alcohol."

The joint statement also recommends that "health professionals should inform women who consumed small amounts of alcohol occasionally during pregnancy that the risk to the fetus in most situations is likely minimal."

"There is a threshold below which there is no increased risk at all, and therefore while a prudent choice might be for women to drink no alcohol, it does not follow from that that a woman who would like to have a glass of wine with dinner should be told she can't," said George Carson, who was the SOGC representative to the consensus group. "Because the statement is illogical and unsupported by evidence, and is inconsistent with good practice, the SOGC is not a signatory."

SOGC is currently preparing its own fetal alcohol syndrome statement, which will say that a series of published reports have established that there is no increased risk to the fetus if a woman has no more than five standard drinks per week or two in any one day, says Carson, who is also director of maternal-fetal medicine at Regina General Hospital in Saskatchewan. In an interview, Carson predicted the consensus statement would be "useless and meddling," because it would needlessly worry pregnant women who drank sub-threshold amounts of alcohol.

Robin Walker of the Canadian Pediatric Society (which, together with Health Canada, spearheaded the consensus effort), said he found the difference between SOGC and the other 19 groups "rather minor, almost a matter of semantics. It's regrettable they weren't able to come on board."

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