

you're just one in a thousand."

The pharmaceutical industry has, of course, maintained its close ties with public hospitals, especially university-hospital facilities, with the industry funding a large share of the clinical trials of drugs. Increasingly, contract research organizations (CROs, see p.6) are standardizing operational protocols. Hospital clinicians generally admit that, overall, CROs with more resources on tap than public hospitals do their job well. However, a trend has surfaced over the past several years. Although the pharmaceutical industry has kept clinical trial centres in Western Europe (because the drugs are mainly sold in these countries), the industry is organizing more clinical studies in the former Eastern Bloc.

#### HOSPITALS SOLD SHORT

In contrast to this excess of riches in CROs, Joël Ménart, the top official in charge of the Clinical Research Division, Paris Public Hospitals, notes that clinical research at hospitals tends to get short shrift. The problem, he says, is that researchers at university hospitals must divide their time among teaching, care, research and administration simultaneously. Ménart thinks that, instead, clinicians should rotate from duty to duty in shifts, rather than juggle them all simultaneously. "I'm not saying it's easy to organize. It would probably take several years to set up," says Ménart.

Although Ménart's proposed reform is not yet being considered, other changes have been gradually introduced over the past several years, but to limited effect. For example, the government decided to set up CICs in some hospitals to bring together hospital departments and research units from Inserm, the

French national institute for health and medical research.

Although far-reaching, the changes have not been enough to turn the situation around. The 17 CICs now in place cannot realistically be considered as providing enough outlets for young physicians. Many doctors — even the ones working at a university-hospital centre — feel that there is a conflict between hospital budget constraints and the cost of clinical research. "The authorities can't tell us that the prescribed antibiotics are too expensive out of one side of their mouth and announce a several million-franc investment in clinical research out of the other," said Beaussier.

Ménart disagrees. The clinical-investigation budget is negligible compared to the budget allocated for care. "If you tap into every possible funding source, you get an overall appropriation of roughly 150 million francs (US\$19.5 million) — not including the wages for 3,000 university-hospital teachers — whereas health expenditures are at a hefty 696 billion." He believes that in any case the budget is not the primary hurdle for clinical research in hospital but rather the poor organization of the university-hospital system. ■

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## UK WORKING FOR A BETTER CLINICAL CLIMATE

Rarely have areas of basic science been more ripe for development into applications than those of the molecular genetics and biology flowing from the human genome project. Yet there is a

global lack of the clinical research pivotal to the transformation. "Less is being done, and it is less well done," says Helen Cope of the Clinical Careers Initiative at the Wellcome Trust.

In an attempt to reverse this trend in Britain, the Trust has for the past three and a half years been funding the building or refurbishment and equipping of clinical research facilities in Birmingham, Cambridge, Edinburgh, Manchester and Southampton. The National Health Service Trusts will pay the running costs, including salaries for core staff, such as research

managers and nurses, while the research councils will pay for the research through grants to clinical researchers at the universities.

The aim of the initiative is to bring the clinical and academic worlds closer together, something that is essential, says Cope, if the science emerging from the human genome project is to reach patients. Yet the facilities alone will not be enough. Doctors pursuing serious research usually take longer to reach consultant level than if they followed a service role within the NHS. Both the Wellcome and the Medical Research Council attempt to make

the research option more attractive by offering fellowships.

Several diploma and masters courses in the United Kingdom give an overview of drug development for anyone working in clinical research or some other aspect of drug development within any clinical organization.

If a drug is to be licensed for use, each step of the process must also satisfy the regulatory authorities. "Regulatory affairs is a growth area and will continue to be," says Nicky Lilliott, of the Association of British Pharmaceutical Companies. **Helen Gavaghan**

♦ <http://www.abpi.org.uk>

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