

have suffered from Moscow's mismanagement in past decades, yet they are stuck with the distribution of capital resources brought about by 70 years of central planning, much of it skewed against independence. Yet Gorbachev's immediate task would be simplified, and the long-term interests of the republics would be more readily calculated, if national interests were not so often clouded by misplaced assumptions about national identity. □

Set-asides in health?

The British government, embarrassed by the cost of health care, should devise a new strategy for research.

RESEARCH NEVER makes medical treatment cheaper, only ever more expensive, which no doubt partly explains the British government's antipathy towards it. And anybody who thinks that politics is not mostly about money — who it is taken from, and to whom it is given — has not been paying sufficient attention to recent history. The lesson the British government has been trying to teach its taxpayers for the past decade is that everything is a commodity. But the medical research community seems to have been particularly unwilling to learn. It has insisted not only on producing more of its own particular commodity than the government wishes to pay for through the National Health Service, but it also has had the nerve to seek to persuade the government to help produce even more by increasing support for research.

The problem is exacerbated because the health service itself spends virtually nothing on research, perhaps less than 2 per cent of the £1,400 million a year spent on health care research in the United Kingdom. The rest is spent by a motley collection of government agencies, charities and industry — which nevertheless have one thing in common: in general, they have not traditionally seen it as their problem to shoulder the costs of implementing the results of the research they sponsor. It seems to have come as a shock to many of them now to discover that the government will not let this attitude continue in perpetuity.

The situation is comparable with that in British agriculture. Encouraged by government subsidies, themselves born of the belief during the Second World War that Britain should produce as much food as possible, farmers now produce too much. So, earlier this year, the British government followed new EC regulations and, in an attempt to cut food production, introduced various set-aside schemes. The hope is to achieve substantial cuts in beef, lamb and crop production simply by paying farmers to produce less. It is an entirely voluntary scheme being tried out in different parts of Britain.

Will the government now be tempted to follow the same principles in medical research? Prevention being better than cure is both a traditional and a contemporary bromide. Its appeal for the present government is that, for many diseases, it is probably also cheaper. So why not pay research organizations to shift the emphasis of their

research from treatment to prevention? Nowhere would this make more sense than with cancer, where epidemiologists widely believe that as many as 80 per cent of all cancers are environmentally triggered, yet little is known about the specific triggers. And virtually nothing is being done to develop preventive strategies beyond vague exhortations to live sensibly.

Interventionist strategies might be even better. Here is an example. The prophylactic use of the oestrogen antagonist tamoxifen to prevent breast cancer may well be the equivalent for cancer of fluoride in the prevention of dental caries. But the point needs proving by clinical trials, and for such research to be effective, long-term commitments of funds would be required extending far beyond what the average charity or pharmaceutical company would be prepared to stomach. Yet an agreement to underwrite such a venture in exchange for a major switch in research emphasis by cancer charities in the early stages of the trial might make good economic as well as medical sense. □

Research at law

There is no immediate prospect that researchers will be sued for what they publish, but care is called for.

AT least for the time being, most researchers should not take fright that apple-growers in the United States, who have been using 'Alar' to protect their crops against fungal infection, plan to sue the Natural Resources Defense Council (NRDC) over an allegedly damaging report published last year (see *Nature* 348, 383; 29 November 1990). On the face of things, there may seem a danger that publications critical of established techniques may generally expose their authors to damaging damage suits. But the circumstances of the NRDC report are not those attending most scientific publications. For one thing, the report was published by the organization itself, not by a journal with pretensions to impartiality. For another, although NRDC claims that its report was subjected to peer-review, only a trial will tell whether the 12 assessors were asked questions likely to elicit critical responses.

Yet the threat is not entirely negligible. While the bulk of the scientific literature is innocuous, there are occasions when a scientific article may seem to readers to be damaging to established interests, perhaps those of medical practitioners or manufacturers. Plainly an improvement of technique, whatever the commercial consequences, could not be held to be damaging. Even a demonstration that an existing technique has unexpected defects or consequences would also be so held. But occasions arise when the criticism implied by a piece of research is nearer the bone. Then the defence of publication must rest on the good faith of the authors and the conduct of the refereeing process. Luckily, even where the first amendment of the US constitution does not apply, nobody need fear that damage suits are indefensible. □