

NIH forms policy centre to study research ethics

- Unit will respond to emerging issues
- Outside scholars complement staff

Bethesda, Maryland

THE US National Institutes of Health (NIH) are creating a public policy centre to anticipate and help to shape the public debate on many of the controversial social, ethical and legal issues in biomedical research.

Bernadine Healy, the director of NIH, expects the centre to give NIH the intellectual resources to identify, ponder and then begin to resolve these issues before they explode into public view. But several prominent bioethicists, none of whom has been consulted about the new centre, are more sceptical of its chances for success. They applaud Healy's intentions but they question whether such an in-house centre can be independent enough to garner respect and open enough to build the consensus needed to withstand the inevitable political battles.

Healy sees the centre as "a model for what a government think tank can be". She hopes to launch it by the summer with a few million dollars from her director's discretionary fund, starting with a small permanent staff, a handful of experts on call from other parts of the institutes, and a few outside scholars and fellows from universities, industry and the non-profit world.

The centre will be located within the offices of her associate director for science policy and legislation, Jay Moskowitz. Moskowitz says that the centre will be both "a rapid response unit" to questions raised by NIH officials and a place where scholars can pursue their own lines of inquiry. The centre will also sponsor workshops and commission reports, he says, but it will not operate an extramural grants programme. Healy has assigned a major role in the planning to Sandy Chamblee, a former partner in the Washington, DC, law firm of Steptoe & Johnson, who joined the NIH in January as counsellor to the NIH director and senior policy analyst (see sidebar).

Healy and Moskowitz expect the centre to wrestle with issues that could otherwise delay the progress of science, including the proper handling of genetic information, the treatment of animals in research, and the use of prisoners in clinical trials. "The era of Gregor Mendel looking at pea plants and ignoring the impact of his research on the agriculture industry is past", says Moskowitz. "NIH has moved into the nineties, and it's our job to find those emerging trends that will have major implications for policy."

As part of the Department of Health and Human Services, NIH must defer to the Bush Administration on matters of policy. But Healy believes that there is still a lot that NIH can do. A 21-page report prepared as part of the strategic planning exercise now under way at NIH points out "the aim is not to promulgate new regulations . . . but rather to provide the research community with relevant guidance and [ensure] public understanding and support for basic and clinical research".

Many bioethicists outside NIH agree that such efforts would be helpful. But they wonder if NIH is going about it in the right way, if the model is the right one, and if the centre will have to pull its punches.

"We have allowed some of these issues to become so politicized that we can no longer act", says Alex Capron of the University of Southern California, citing as an example the 1988 report on fetal tissue transplantation that was effectively ignored by the administration.

Capron was executive director of a presidential commission on ethical issues in biomedical research formed under Jimmy Carter that went out of business during the Reagan administration, and was later chairman of an ill-fated board de-

signed to advise Congress that floundered over the issue of abortion. He says that, to be effective, the NIH centre must solicit the opinions of all segments of society and, at the same time, have access to policymakers at the highest levels of the federal government.

Being seen as an internal 'job shop' would not only limit its effectiveness but also make it harder to attract leading scholars, says Albert Jonsen, chairman of the department of medical ethics at the University of Washington medical school and a member of both the presidential commission and an earlier national commission for the protection of human subjects that existed from 1974 to 1978. In addition, says Jonsen, "ethics is a communal activity, not a bench science", and he warns that "a quick response [to a problem] is often very dangerous".

John Fletcher, who was head of the bioethics programme within the Clinical Center at NIH for 10 years before leaving in 1987 to become professor of bioethics at the University of Virginia medical school, believes that the center could play an important role by re-examining those issues — including the current prohibition on the use of embryos and transplanted fetal tissue in research — first raised a decade or more ago.

"I would see it as a potential healing force", he says, "an attempt to seek knowledge and promote thoughtful debate. If the center can't do those things, it can't succeed. NIH prides itself on having the academic freedom of a university. This would be a good test."

Jeffrey Mervis

From blue-chip to white coat



WHEN Bernadine Healy, director of NIH, asked Sandy Chamblee (pictured left) to help her set up a new centre to deal with the ethical, legal, social and economic issues of biomedical research, Chamblee saw it as a chance to turn her hobby into a full-time job. Now, barely two months into her new position as senior policy analyst and counsellor to the director, the Washington lawyer says that she "could not have picked a better place to work".

Yes, she has switched from being partner in one of the city's biggest law firms (Steptoe & Johnson) to being a government employee. And yes, she will earn only a fraction of her former salary. But after 14 years as a litigator, Chamblee says that she does not miss working through the weekend on a case that lands on her desk on Friday afternoon. And she relishes the type of "complex and challenging" issues that abound in the field of bioethics.

That is what she has been doing for the past five years as a member of the board of directors of Columbia Hospital for Women, where she drafted a model consent form for embryo freezing as part of the hospital's *in vitro* fertilization programme. She has also chaired the advisory board of the Center for Humanizing Health Care within the Mediantic Healthcare Group, with which the hospital is affiliated.

While little known to the national bioethics and research communities, Chamblee has begun to make the rounds at NIH and has found the various institute directors "very interested and supportive" of the new centre. "It's an idea that needs to happen."

J.M.