Gold Pipettes Make for Tight Lips

"We are already beginning to see serious threats against the usual modes of scientific communication," Donald Kennedy, president of Stanford University, warned a House committee looking into how the commercialization of biomedical research is affecting universities.

On at least four occasions in the past years, speakers at scientific meetings have refused on questioning to divulge details of technique on the grounds that these were proprietary information. The problem here is that if people will not reveal how they do their experiments, no one else can repeat them, and an essential part of the scientific process is jeopardized. Witholding such information at scientific meetings is something which he hoped would somehow be declared "out-of-bounds" behavior, Kennedy told Representative Albert Gore's subcommittee at an 8 June hearing.

The subcommittee was seeking to understand such issues as whether Massachusetts General Hospital, in its recently announced decision to set up a $50-million joint venture with the German company Hoechst, was not allowing a foreign enterprise to come in and "skim off the cream", as Gore put it, from a body of research paid for by the American taxpayer.

This line of thought was emphasized by MIT biologist Jonathan King, who remarked that the public, when it comes to purchase the result of the new biotechnologies on the marketplace, "is having to buy back what it itself financed." "These strains and processes were publically developed; they should remain publicly owned," King declared.

MIT president Paul Gray disagreed, saying that the public's traditional reward for investing in research has been in the dissemination of the results. The tax revenues from the commercialization of new knowledge is the conventional way in which the taxpayer gets his return on basic research; why, the subcommittee wanted to know, should genetic engineering be considered in a different category?

According to Kennedy, the new biological knowledge is different because the basic knowledge itself has become valuable intellectual property, whereas in almost all other disciplines it is only in the form of applied research that the knowledge starts to gain a direct commercial value. What has happened in the commercialization of gene splicing is that the value added part of the process has somehow shifted from the applied phase, usually conducted in an industrial setting, into the university laboratory.

When most of the value is added in the applied stage, which requires considerable investment, no one thinks it unfair that the investor should reap the bulk of the rewards. With the new biology, where basic knowledge has an almost instant value, it is not yet clear how the rewards should be distributed between the researcher, his university, and the public who supported his research. Stanford's solution is to split royalties between the researcher and itself.

The new process may help reduce the habitual 10-year lagtime in the transfer of biomedical knowledge to the marketplace, and it may also provide a new source of funding for universities, Kennedy said. On the other hand, he added, "There is the prospect of significant contamination of the university's basic research enterprise by the introduction of strong commercial motivations and potential conflicts of interest on the part of faculty members with respect to their obligations to the corporations in which they have consultancies or equity and their obligations to the university. . . . Even more damage has been done to the informal roots of communication that characterize most vigorous fields of basic biological research."

Stanford's policy is to require faculty to account for the time they spend consulting but not for the form in which they are paid, whether by a fee or taking equity. Like Harvard, Stanford has decided against the possibility of having the university go into joint partnership with members of its faculty, on the grounds that the university would have a conflict of interest in distributing space and other resources among its faculty.

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department of medicine with alleged evidence of Straus's complicity. After deliberating for a day, an ad hoc committee in the department concluded that some of the charges had merit. Straus was asked to resign. Two years later, starting on 29 June 1980, the *Globe* ran a five-part series on the Straus affair. Although Straus had been queried by the *Globe* reporters, he did not comment.

In testimony before the President's commission, Straus, who is now a clinical oncologist at New York Medical College in Valhalla, said that the whole premise of the *Globe* series was wrong. He testified that his team had "twice the number" of patients needed to keep a particular grant (administered by the Eastern Cooperative Oncology Group)—and he had been awarded a 3-year renewal for this grant months prior to the allegations. Straus further suggested that some of those who made the allegations had been trying to save their jobs. He said that in April 1978 he asked BU administrators to fire a nurse, Mary Jane Rimmer, and had earlier disciplined a physician, Robert J. Polachwich. Just what Polachwich stood to gain by accusing Straus was not immediately clear, since Polachwich's fellowship was scheduled to end on 1 June 1978. Further, Straus at the hearing presented no evidence that nurse Rimmer knew he had talked with BU administrators about firing her.

Straus went on to testify that evidence against him had been faked. Of 12 patient charts team members had presented to BU officials, one had a forged signature of his name. "In the other 11 cases," he continued, "there is substantial proof that the allegations were maliciously made. Members of the commission, when I present this to an impartial review this matter will be over and I will be vindicated."

No details concerning the alleged conspiracy were to be found in the court papers, as is always the case when a complaint is initially filed in a lawsuit. The 13-page filing in the $33 million suit does not say why the Straus team would have wanted to conspire against him, but merely outlines the charges and asks for a jury trial. The filing came just as the 3-year statute of limitations on the charges was about to expire.

Straus told the commission that he had "maintained public silence until today" because he had been waiting for peer review of the charges. Because of the complexity of the case, he said, the majority of these peers should be specialists and principal investigators in clinical oncology, like himself.

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