

IOM Sees Need For Autopsy Policy

The autopsy rate has fallen sharply since the end of World War II, from 50 percent to 14 percent of all deaths, and the Institute of Medicine has decided that a study is in order. Its council has issued a statement calling for the development of a national policy, which would address criteria for deciding on an autopsy, the use of autopsy-derived information, and matters relating to consent, costs, and data-gathering.

Autopsies represent one of those time-honored medical practices that have been around so long that, outside forensic pathology, no one has gotten around to including them in the welter of guidelines that surround modern medicine. Many pathologists are concerned that doctors are losing sight of the importance of the procedure as an instrument of quality control and as a supplier of data on both disease processes and treatment.

The reasons for the decline are many. According to John Carter, director emeritus of Case Western Reserve University's Institute of Pathology, many physicians feel that little or no new information can be obtained from autopsies now that fancy new diagnostic equipment is available. They have also become increasingly time-consuming and expensive, costing well over \$1000 (the hospital foots the bill). Carter also says clinicians are increasingly reluctant to ask families for permission, and often express the fear that autopsies will increase their vulnerability to malpractice suits. Manning Feinleib of the National Center for Health Statistics says another factor in the decline is that hospitals are no longer required to perform a certain percentage of autopsies in order to gain accreditation.

Autopsies are now performed on at least half the infants and children who die, but the rate for people over 70 goes down to about 5 percent. But pathologists say autopsies remain the most thorough mechanism for checking on the appropriateness of diagnosis and treatment and are valuable in assessing such things as drug toxicity and the accuracy of CAT scans. According to Carter, autopsies produce findings at variance with, or in addition

to, clinical findings, in 25 percent of cases, and that about 10 percent of these have "real significance in terms of patient care."

The College of American Pathologists is working on the establishment of a national data bank on autopsies. But outside of forensic pathology—"the handmaiden of the law"—there are no uniform policies and practices vary from state to state.

—CONSTANCE HOLDEN

IOM Reports on Vaccine Supply Problems

An Institute of Medicine report on the nation's vaccine supply provides a glimpse of the industry's liability problems. Vaccine manufacturers have asserted that the cost of litigation by the few victims injured by vaccines is driving them out of business, but have provided few figures (*Science*, 1 March, p. 1012).

The report, "Vaccine Supply and Innovation,"* says, based on information from the handful of U.S. manufacturers remaining, that they have paid \$2 million in out-of-court settlements and about \$1.8 million in defense costs over the past 10 years. Although this total is unremarkable, said Edward Kitch, a committee member and law professor at the University of Virginia, the expense cuts into an already thin profit margin. Moreover, the number of lawsuits filed against the companies has risen sharply recently.

Companies also reported that vaccines account for 40 percent of all their liability claims and 60 percent of total insurance costs. These are "disproportionate" in light of the fact that vaccines account for only 5 to 15 percent of total sales.

The report was commissioned by the federal government to examine ways to maintain a steady vaccine supply, to encourage innovation, and to address the liability problem. The committee recommended the establishment of a national commission to oversee the nation's vaccine supply and put forward nearly a dozen options for compensating victims. Congress is currently considering two compensation bills.—MARJORIE SUN

*"Vaccine Supply and Innovation" (Institute of Medicine, 1985).

United States Drops Action on Ariane Prices

Paris. European space officials last week welcomed the decision by President Reagan to take no further action on complaints made a year ago by the U.S. company Transpace Carriers, Inc. that satellite launches from the French-built rocket Ariane have been unfairly subsidized by European governments (*Science*, 24 August 1984, p. 814).

The President signed a decision on 17 July acknowledging that arrangements for launches through the privately owned company Arianespace were "not unreasonable and [not] a burden or restriction on U.S. commerce." Although an investigation by the U.S. Trade Commission had found considerable evidence of public subsidies to Arianespace, these were considered "not sufficiently different from U.S. practices in the field to be considered unreasonable."

Transpace Carriers had made four particular allegations against Arianespace; namely, that ESA member states were being charged a higher rate for Ariane launches than foreign governments, that France's National Center for Space Studies (CNES) helps cover the costs of launches from its launch site in Kourou, French Guiana, that CNES also subsidizes administrative and technical personnel provided to Arianespace, and that the European company's insurance rates were also subsidized.

In reply, ESA and its member states publicly admitted that they provided various forms of government assistance to Arianespace, but claimed that these were comparable to U.S. government practices in the same area, pointing out, for example, that the shuttle has been heavily subsidized both by the National Aeronautics and Space Administration and by the Department of Defense.

The President's statement also suggests that, at some point in the future, it might be appropriate to start discussions on international guidelines for the commercial launch industry, although in Europe this is currently viewed somewhat skeptically in view of the Administration's current difficulties in thrashing out a coherent shuttle pricing policy.—DAVID DICKSON