News and Comment

Heart, Cancer, Stroke: Rising Opposition From Doctors May Slow Passage of Johnson Program

Opposition to the administration's program for regional medical complexes for heart disease, cancer, and stroke has suddenly begun to bloom, reducing the chances that the program will be enacted this year. The bill was considered by the Senate Labor and Public Welfare Committee shortly after its introduction last January, and it passed the Senate by a voice vote on 28 June. The Senate heard scarcely any opposing testimony, and the only controversy provoked by the proposal when it was brought to the floor was related to the Long amendment on patent rights, not to the bill itself. In the House, however, things seem to be shaping up rather differently. The Interstate and Foreign Commerce Committee, which held hearings in July, seems likely to produce a favorable report. But intensifying opposition from the American Medical Association and the American Academy of General Practitioners (AAGP) seems to be eliciting some sympathy in other congressional quarters, not necessarily because of the quality of the doctors' arguments but because, as one observer put it, there is some reluctance "to clobber the AMA twice in one year." In addition, the AMA's suggestion that the program be postponed while its probable effects are analyzed further has been echoed in a veiled way even by some of the bill's nominal supporters in the health field who fear that the administration may move more swiftly than thoughtfully in getting the program under way once the bill is passed. On the other hand, the bill's congressional supporters appear to include many key figures. And opposition from the AMA may be balanced off by the apparent enthusiasm of many states, medical schools, and health institutions, already expressed in preliminary efforts at planning for the regional complexes. Which way the scales will finally tip is, at this stage, unpredictable, but it is clear that there is going to be a difficult fight that the Johnson administration had hoped somehow to avoid.

Underlying the apprehension of the professional medical societies is the feeling, expressed by AMA president James Z. Appel, that "we don't know what we're buying with this bill." The accusation that the legislation is vague was made many times throughout the hearings, chiefly by the AMA, the AAGP, and the Mississippi State Medical Association. To the administration, the medical-complex plan appears simple and straightforward. All we are doing, Secretary of Health, Education, and Welfare Anthony Celebrezze told the committee, is offering "support for the development of a framework within which existing hospitals and their existing medical staffs can provide care of a quality that reflects the full measure of progress in medical science and technology. . . . When we speak of making high quality services more widely available," he said, "we are speaking not of the economics of health care but of the availability of new technology, professional skills and the needed physical equipment in places where they do not exist today. . . . We are not proposing that the Federal government operate this framework or that it pay for the care provided therein. . . ."

Each regional complex would include at least one medical center (a medical school or other teaching and research institution), at least one categorical research center, and at least one diagnostic and treatment station. The development of an administrative framework for the complexes would be supported by federal planning grants; later, grants would be given for their actual establishment and operation. Each complex would be supervised by a local advisory board composed of various community health agencies and institutions; in Washington the allocation of funds would be the responsibility of a new council advisory to the Surgeon General of the Public Health Service.

This is about all that the bill says, and while administration commentary has disclosed further details (such as the fact that the program would be run by the National Institutes of Health), its very brevity has sent critics running back to the original DeBakey report for amplification. What they find there does not seem especially reassuring, for, instead of a relatively modest program for regional cooperation, there is envisioned a giant national network consisting of 60 federally supported categorical research centers and 450 diagnostic and treatment stations (*Science*, 14 May). The present financial arrangements are one measure of how the DeBakey proposals have been altered and trimmed: the DeBakey commission budget suggested spending $1.6 billion over 5 years; the Department of Health, Education, and Welfare recommended spending $1.1 billion for the same period; and the Senate authorized a budget of $650 million for 4 years, with $50 million the first year to be reserved chiefly for planning. But, despite its relative modesty, critics of the proposal cannot really be blamed for feeling that the medical-complex plan is one block in a grand design intended eventually to overhaul the practice of medicine—and they feel that government spokesmen are being either unrealistic or untruthful when they deny the possibility. The bill is brief in part because administration health planners wanted to leave room for as many different forms of regional cooperation as might develop. But what seems to the bill's supporters as desirable flexibility appears to its opponents as ominous vagueness, masking hidden intentions, careless thought, or both.

Another feature of the DeBakey report which troubles the doctors is the explicit assumption that the proposed organizational changes would save lives that are being lost under present practices. This assumption is not found in the bill, but it was emphasized by HEW witnesses and members of the DeBakey commission who testified. This argument hits the doctors on a point of pride, where it hurts. "We deplore . . . statements . . . intimating that the average person suffering from heart disease, cancer or stroke is doomed to poor care unless he lands in one of those 'rare' medical centers,"

AMA president Appel told the Commerce committee, citing figures on physicians enrolled in continuing education programs, and describing practices of referral and other coordinated arrangements between medical schools, hospitals, and other research institutions. The Mississippi State Medical Association claimed that "the proposal offers unrealistic panaceas for real or fancied deficiencies in medical science and health care services." And Amos Johnson, president of the AAGP, said that the bill (H.R. 3140) "is intended to implement a report which created the erroneous impression that by spending more and more federal funds, a panacea can be purchased. This, gentlemen," he concluded, "is neither true nor possible."

A good deal of the doctors' apprehension may be related to fears more practical than they like to admit. Considerable concern has arisen, for example, over the possibility that the regional centers will become in effect subsidized group practices in which federally paid doctors will compete with local practitioners, perhaps treating patients without payment. There seems to be a general feeling, also, that practicing physicians were excluded from the prestigious body that conceived the medical-complex program and that they are likely to be excluded from its administration by a high-level alliance of hospitals, medical schools, research centers, and voluntary agencies coordinated on a level at which the roles of individual doctors and local medical societies are minimized.

Manpower

If some of the doctors' fears appear to be narrowly conceived, however, others deserve to be studied carefully. Perhaps the most serious question that has been raised concerning the heart, cancer, and stroke program is its effect on medical manpower. According to the AMA, this bill "would have the effect of stimulating an untoward emphasis away from local practice and towards the medical centers. The rural area, one which is alleged as needing an upgrading of medical care in the three named diseases, is likely to most suffer from the effects of this legislation, with its undue emphasis on the specialties involved, and its concentrations of physicians in the locality of the medical center. With added funds provided for research in the regional medical center," the AMA statement continued, "with centralization of facilities and equipment, with added emphasis to the categorization of disease centers, and with all the attendant prestige, more physicians will be lured to the centers and away from general practice in rural and semirural areas. Community general practice may come to be looked upon as second rate medicine."

A similar view was expressed by the spokesman for the general practitioners, and, somewhat embarrassingly for the administration, by many of its supporters as well, including the subcommittee on manpower of the DeBakey commission itself. "In the face of the rising demand for physicians in every field of service," the manpower report stated, "it is futile to think of diverting physicians into heart disease, cancer, and stroke programs; to do so would be catastrophic in a nation in which faulty distribution of physicians and increasing abandonment of general practice is already posing serious, if not critical problems for the provision of medical care. It is inescapable that we need more doctors, that the opportunities now apparent in heart disease, cancer and stroke cannot be realized until we have more doctors, and that the support of medical education is the only way we can get more doctors." The same point was made by the Association of American Medical Colleges and by the American Heart Association (AHA), which reaffirmed a statement made earlier during the Senate hearings. "To establish such a system without first seeing to the expansion of clinical training facilities," the AHA said, "might . . . do more harm than good. It would dilute our existing supply of trained clinical personnel and might well lower, instead of elevating, existing standards of diagnosis and treatment."

The administration's answer to these fears is essentially twofold. On the one hand, HEW spokesmen acknowledge their validity and point out that federal programs designed to aid medical schools are being expanded. On the other hand, they deny that the heart, cancer, and stroke program will aggravate existing imbalances or scarcities—a position that may be substituting the wish for the fact. The general line taken by the bill's supporters is that the program will make everything better, nothing worse. When it is claimed that the program will harm medical schools, the answer is, "it will help them." When it is claimed that it will isolate rural GP's, the answer is, "it will bring them much closer to the system." When it is asserted that the program raises questions about distribution of manpower, the reply, as in the report of the Senate Labor and Public Welfare Committee, is that "the medical complexes program can be correctly viewed as part of the answer to the manpower problem." So far, neither side has relied heavily on evidence.

Other Fears

Substantial concern has arisen over other features of the bill as well. The AMA, for example, has expressed the fear that establishment of regional medical complexes will adversely affect medical schools and hospitals which do not become associated with the complex. A seemingly minor but potentially significant question has developed over whether the program should pay for construction of new facilities. The construction funds included in the administration proposal were taken out in the Senate, a move disappointing to the ad-

Purposes of the Medical-Complex Program

"a) Through grants, to encourage and assist in the establishment of regionally coordinated arrangements among medical schools, research institutions, and hospitals for research and training and for demonstrations of patient care in the fields of heart disease, cancer, stroke, and other major diseases;

"b) To afford to the medical profession and the medical institutions of the Nation, through such coordinated arrangements, the opportunity of making available to their patients the latest advances in the diagnosis and treatment of these diseases; and

"c) To accomplish these ends without interfering with the patterns, or the methods of financing, of patient care or professional practice, or with the administration of hospitals."

ministration and to groups such as the Association of American Medical Colleges, which feels that unless such funds are supplied the program will "constitute a further drain on the already strained resources of the medical schools." Debate still continues over the wisdom of including "other major diseases" in a program originally designed to focus exclusively on heart disease, cancer, and stroke. Finally, there is concern on the part of friend and foe alike over the administration's apparent intention to rush into the program on a grand scale—giving perhaps 40 planning grants the first year and anticipating that within the year at least eight complexes could be functioning. The AMA is urging that the legislation be put aside "until it can be studied and evaluated in all respects," and the AAGP is similarly counseling postponement. Even the American Heart Association, a leading supporter of the bill, is urging that at least 2 years be allotted for planning and that subsequently a limited number of pilot projects be set up, so that "experience thus gained [may] be fully utilized in devising later action." Some members of the Commerce committee also appear to believe it would be well to set up three complexes and see how they worked out before embarking on an elaborate program. Whether these calls for caution will be heeded remains to be seen.—ELINOR LANGER

Announcements

The University of Miami has established a **"center for theoretical studies"** for visiting scientific scholars. Behram Kursunoglu, physics professor at the school, is the director. The center will provide facilities for established scholars to conduct research of their choice in the natural sciences or the history and philosophy of science. The visiting scientists may stay from a month to an academic year, and may conduct seminars and lectures at the university; they also may be invited to supervise graduate projects. Additional information on the center is available from the program coordinator, Arnold Perlmutter, Department of Physics, University of Miami, Coral Gables, Florida.

Minnesota and Missouri are the first states to qualify for federal grants to aid in financing the construction of **community mental health centers** under the Community Mental Health Centers Act of 1963, according to a recent announcement from the Department of Health, Education, and Welfare. Communities in these states may now submit applications for construction projects to the mental health authority in their state; applications will be assigned a priority by the state agency and be forwarded to the PHS for final approval. Congress has authorized $150 million for the program, over a 3-year period, with $35 million the first year, allotted among the states on the basis of population and need.

Minnesota, eligible to receive about $639,000 this fiscal year, plans to expand its system of mental health clinics, and to provide new services. Missouri's plan includes the proposed construction of a mental health facility in Columbia, to be associated with the University of Missouri medical school.

U.C.L.A.'s school of public health is offering a graduate program in **gerontology** and the public health aspects of the aging process. It will offer the degrees of master of science, master of public health, and doctor of public health. The program's objectives are to train research personnel for psychological, sociological, and epidemiological research programs in gerontology, and to train research-oriented personnel for community-based gerontological service programs. The degrees will take 1½ to 2 years of study for the master's and an additional 2 years for the doctorate. Financial assistance is available through two Public Health Service grants, which offer stipends of $250 to $400 a month, plus dependency allowances, tuition, and fees. Information is available from D. M. Wilner, U.C.L.A. School of Public Health, Los Angeles 90024.

Grants, Fellowships, and Awards

An 11 October deadline has been announced for two fellowships in **science** offered by the National Science Foundation. Both are for study or research in the mathematical, physical, biological, or engineering sciences or in anthropology, economics, geography, history and philosophy of science, linguistics, political science, psychology, or sociology. Tenure is usually for 1 year, or for a 9-month academic year, and the stipends, based on the recipients' salaries, range from $5500 to $15,000 a year, plus allowances. Applications should be obtained from the Fellowship Section, Division of Graduate Education, NSF, Washington, D.C. 20550. The awards are:

Senior postdoctoral fellowships: about 100 will be given to persons with at least 5 years of postdoctoral work or the equivalent, for study to "enhance their scientific competence."

Science faculty fellowships: about 350 will be awarded to junior college, college, and university science teachers "to enhance their effectiveness as teachers." Applicants must have a bachelors degree and at least 3 years of fulltime experience in college-level science teaching: they must intend to continue teaching.

Graduate fellowships in **medical parasitology** are available in Mexico at the Universidad Nacional Autónoma de México, under a program sponsored by the National Institutes of Health. The fellowships are offered to U.S. citizens who have a master's or doctoral degree and plan a career in teaching or research in parasitology. Awards are for 10 months and carry stipends of $500 a month, U.S. funds, plus dependent and travel allowances. (F. Biagi F., Department of Biology, Universidad Nacional Autónoma de México, Apartado 20372, Mexico 20, D.F.)

Applications are being accepted for the 1965 NATO postdoctoral fellowships in **science**. Approximately 65 will be offered to U.S. citizens for terms of 9 to 12 months. The fields included are the mathematical, physical, biological, engineering, and social sciences; history and philosophy of science; and interdisciplinary areas. Applicants must submit outlines of their proposed programs. The stipend is $5500 for a year, $4125 for a 9-month tenure; dependent, travel, and tuition allowances are also provided. Deadline for receipt of applications: *11 October*. (Fellowship Office, National Academy of Sciences, 2101 Constitution Avenue, Washington, D.C. 20418)

Meeting Notes

The call for papers has been issued for the sixth national conference on **applied meteorology**, scheduled for 29–31 March in Los Angeles. The sponsors are the American Meteorological Society and the American Institute of Aeronautics and Astronautics. Atmospheric problems of aerospace vehicles