was in the offing, the FCC in 1979 asked the Electronics Industries Association (EIA), which sets many industry standards, to evaluate rival teletext systems and recommend a U.S. standard. The 23-person task force, made up of executives from TV broadcasting, manufacturing, and engineering companies, was chaired by a CBS official.

After 1 year of evaluation, on 29 July 1980, CBS did an end run around the EIA task force and directly petitioned the FCC to adopt the French Antiope system. The reason soon became clear. On 6 August, a vote taken by the EIA committee showed that the British system had won more adherents than the French system. Though the vote was secret, the *New York Times* reported that the ratio was 2 to 1. This was short of the 18 votes needed before a recommendation could be made to the FCC, but the writing was on the wall. Said *Broadcasting* magazine: "Since the most popular system is the British one, it is highly unlikely that CBS would ever have been able to swing a simple majority, let alone 18 votes, to the Antiope system it favored."

> "Let the teletext people compete with us," says an ABC official. "But why should we help them?"

Whether the move by CBS will prove effective remains in doubt. FCC officials of late have tended to apply a free-market philosophy to regulatory problems whenever possible. Teletext, they say, may be the perfect case for market determination of broadcasting standards. "We clearly would maintain some kind of interference standard," says Paul Fox, an official in FCC's office of plans and policy. "But the staff thinks very highly of not having a detailed, specific standard that would favor a particular system."

If this free-market approach were adopted, many U.S. manufacturers maintain that Antiope would not make the grade. "Any of the experimental Antiope decoders that you see around are bigger than a suitcase," says Walter Ciciora, research and development manager for Zenith, the largest U.S. manufacturer of television sets. "They

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OMB Offers Option on A-21

The Office of Management and Budget has bent a bit on the provisions of new federal accounting rules that have drawn the most strenuous objections from university researchers.

Affected are the requirements for time and effort reporting in the newly revised OMB Circular A-21 that governs accountability on federally sponsored research in universities (*Science*, 3 October). These rules have been the target of a mounting barrage of complaints.

The basic reporting requirements of A-21 will remain unchanged, but OMB will permit an alternative method of documentation that apparently would reduce the paperwork burden on individual researchers.

The alternative is based on a suggestion by Saunders MacLane, professor of mathematics at the University of Chicago and vice president of the National Academy of Sciences. MacLane says that he discussed the matter with the President's science adviser, Frank Press, in August and that the alternative was developed subsequently in exchanges between Press's office and OMB officials. MacLane says that the alternatives meet his own "most serious objection," which is that "A-21 seemed to require reporting of activities not supported by government funds." The present rules require that researchers report fully on all activities connected with their university jobs whether supported by federal funds or not.

In a speech to an alumni group on 16 October, Yale president A. Bartlett Giamatti noted that similar strictures were dropped in 1968 after a government task force decided that such time-and-effort reporting was "meaningless and a waste of time." He blasted the rules as the type of "excessive or unthinking" regulation that has "seriously damaged" relations between government and science.

OMB agreed to the new alternative method in a letter to MacLane on 21 October. MacLane says that at this point discussions with universities of the new option are not far enough along "to know how well it will work out."

The new method provides for a three-stage "multiple certification" to document faculty salary costs. The individual faculty member would certify only the time he spends on "direct activity" related to a research grant. A department chairman would certify percentages of activity relevant to indirect cost categories. The university president would, in effect, certify that faculty were not being compensated with federal funds for activities not specified under grants.

An OMB paper elucidating the new option notes that "OMB is concerned that the proposals would increase the paperwork burden of compliance with Circular A-21 since three certifications would be substituted for one. But if a university chose it, and if faculty and administrators agreed that it was preferable to current reporting methods, then it would be possible to work it out within the framework of the circular."

John Lordan, chief of the financial section of OMB notes that, for multiple certification alternatives to be approved, a "university at large must be willing to do it," not simply the individual researcher.

Details of the new alternative had not reached the universities as this was being written and there was no ready reaction.

—***John Walsh***

Doctors Must Put Patients First, Says Editor

Doctors should forswear their lucrative sideline income so as to avoid a conflict between their interests and those of their patients. If the medical profession is to have the public's trust, practicing physicians should have no financial stake in profit-making health care enterprises.

That is the message Arnold S. Relman, editor of the *New England Journal of Medicine*, has been trying to get across in recent months. In a special article in the journal's 23 October issue, Relman uses the term "medical-industrial complex" to portray a bourgeoning segment of the economy—proprietary hospitals, nursing homes, clinics and diagnostic laboratories—which last year grossed an income of around $35 to $40 billion. This section is "the most important recent development in American health care and it is in urgent need of study," he writes.

Relman relates that the number of proprietary hospitals in the country is now about 1000—or 15 percent of nongovernment general care acute hospitals. As of 1977, there were 10,000 nursing homes, 77 percent of them proprietary. One-third of diagnostic laboratories are run by profit-making companies, and newly established companies are offering a wide range of services such as diagnostic services, mobile CAT scanning, dental care, and alcoholism and other rehabilitation programs. Forty percent of patients on hemodialysis, which has become big business since the Social Security Act was amended to cover it in 1972, are customers of profit-making units.

The new complex has grown up almost overnight, spurred by the rapid rise of government and other third party insurance, and new applications of medical technology with high profit potential. Relman observes that private hospitals are "skimming the cream" off patient populations, catering to middle class affluent patients with acute problems while leaving more difficult and labor-intensive cases to the voluntary and government sectors.

"The medical profession really holds the key" to the future of the medical industrial complex, Relman told *Science*—in determining effects on the rest of the health system, evaluating the quality of care, and deciding the degree of government regulation required. "If they're going to do this they cannot have a conflict of interest" he says, noting that a blatant instance of this is the public debate over kidney dialysis which featured doctors who have a financial stake in the business.

But public debates aside, Relman believes that the classic laws of the marketplace do not apply for health "consumers" because of the heavy reliance customarily put on the judgment of the physician. Since physicians are acting not only as providers but as representatives of the patients' best interests, Relman regards any financial associations with the medical-industrial complex as a conflict of interest and wrong for "a private market in which the hospital is the seller, the physician is the purchasing agent for the patient, and the public pays the major share of the bill."

He proposes that the American Medical Association include in its ethical code a prohibition against practicing physicians having any financial association with the private health services market. He goes further to suggest that doctors ought not even to hold stock in pharmaceutical or medical supply and equipment companies.

Relman has been expounding on his views in speeches over the past few months. The AMA, as might be expected, does not see any virtue in Relman's views. According to Bruce Nortell, secretary of the AMA judicial council, the AMA Principles of Ethics cover the problem adequately in the following statement: "When a physician has an interest in or owns a for-profit hospital to which he sends his patients he has an affirmative ethical obligation to disclose this fact to his patient."

Nortell says Relman's proposal, if adopted by the AMA, would constitute unreasonable restraint of trade under antitrust laws. Besides, he says, since there is no evidence of significant abuse by doctors of their combined roles as healers and businessmen, the proposal is "using a sledgehammer to swat a fly."

—Constance Holden

Turkic Tribe Seeks Alaskan Peaks as Home

A small group of mountain tribesmen, driven out of Afghanistan when the Russian-backed government took over 2 years ago, has been eyeing Alaska as a possible new homeland.

A segment of the Kirghiz tribe has been on the move since the 1930's, when they left their homeland in the Pamir mountains of the Soviet Union to resettle in the Chinese Pamirs. Forced out of China in the 1950's, they moved on to the Pamirs of Afghanistan. Now the group, numbering about 1000, is reportedly living unhappily among Afghan refugees in Gilgit in northern Pakistan.

The Kirghiz, accustomed to high altitudes and a cold climate, have deteriorated badly in Pakistan, according to anthropologist Louis Dupree, a leading expert on Afghanistan. They have been forced to give up their sheep, yaks, horses, and camels; diseases, ranging from malaria to skin disorders, have taken their toll. The Kirghiz are said to be eking out a precarious living with minimal help from the Pakistan government. "The tribe is an endangered species," says Dupree.

The tribe's interest in Alaska stems from contact several years ago with an Alaskan wildlife specialist, who showed them slides of his state. The tribe's enterprising leader, Rahman Qul, felt that Alaska, or possibly areas in the Rocky Mountains or Canada, might offer a compatible environment. In April a formal request for visas was made at the U.S. embassy in Islamabad.

Afghanistan Ministry of Information and Culture Photo
Kirghiz herdsmen

Matters appear to be stalled at present. Nazif Shahrani, an Afghan-born anthropologist at the University of California at Los Angeles who visited the Kirghiz last summer, says immigration laws will not accommodate the group coming over to resettle as a community and that any attempts to make special arrangements for the Kirghiz would have to wait until after the presidential election. The U.S. government appears inclined to let well enough alone, but Shahrani says the people "really want to get out—they feel unhappy, they feel their survival is threatened."

According to anthropologist Paul Baker of Pennsylvania State University, the only comparable phenomenon in recent history has been the exodus 20 years ago of tribesmen from Tibet, some of whom ended up in Switzerland and Canada.

—Constance Holden