

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; dis-

eases, 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



Afghanistan Ministry of Information and Culture Photo  
**Kirghiz herdsmen**

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.

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