

GUEST OPINION**Setting Biomedical Research Priorities at the National Institutes of Health**

Sen. Bill Frist, MD
Chairman, Subcommittee
on Public Health and
Safety.

The scientific and medical breakthroughs supported by the National Institutes of Health (NIH) in the last 50 years have improved vastly our capacity to prevent, diagnose, and treat human disease. The NIH has served the public extraordinarily well in combating the many diseases afflicting the American public. As Chairman of the Senate Subcommittee on Public Health and Safety, I have held three hearings over the past several months which focused on setting biomedical research priorities at the NIH. I was pleased to have Dr. John Suttie, then-President of FASEB, testify at the first hearing on May 1. The hearings have been a precursor to the upcoming reauthorization bill for the NIH, and have allowed the Committee members to engage in thoughtful dialogue on the role of Congress in determining biomedical research priorities.

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As a physician and researcher, I understand the many complex factors that must be considered in setting priorities for research and the enormous difficulty that exists in making decisions among competing disease areas. As a heart transplant surgeon, I have witnessed the critical necessity of supporting all areas of health research. For instance, end stage heart disease can be the result of a number of underlying diseases, including diabetes or hypertension.

Similarly, transplantation directly benefits from basic scientific advances in understanding the immune system. One of the Federal government's primary duties, I contend, is to ensure a healthy national enterprise by promoting progress and innovation in medical science. Our Federal programs must invest in long-term biomedical research as a public good. The commitment to this strategy results in improved quality of life for our citizens.

The NIH is a federally funded institution whose mission is to serve the public good and whose decisions affect millions of lives. We must ensure accountability to the public and maintain the public's trust that the decision-making process at the NIH addresses the health needs of the nation. There is genuine disagreement and

controversy among the constituencies about how NIH funds should be distributed among the various institutes and different diseases. There is no consensus about the "best" way to distribute funds. Indeed, there are multiple voices requesting and demanding that more funds be allocated to search for cures for a variety of diseases. Each voice is compelling and each cause deserving. One of the strengths of our system is the freedom of each constituency to make its most compelling case for greater attention and greater resources. But the challenge for our system is to somehow honor and respect those disparate pleas while making the inevitable tough decisions that are required.

The spectacular advances in biomedical and behavioral research over the past decades have come about precisely because scientists, rather than politicians or advocates, have made their best judgments about what research to conduct. The scientific community must be able to base funding decisions on the scientific areas ripe for opportunity, the overall need for basic and clinical research, and the ability to respond to emerging public health problems. At the same time, the American people are contributing \$13 billion of their hard-earned dollars to this enterprise and they have a right—indeed, an obligation—to exercise oversight, to influence direction, and to demand accountability. This tension is both healthy and inescapable.

During the Senate floor debate this year on the appropriations bill which includes funding for the NIH, we witnessed the offering of amendments to fund specific disease research. I, along with my colleague Senator Dan Coats (R-Ind.), offered in response to these proposals a comprehensive, independent study to be conducted by the Institute of Medicine. This study will help guide policy-makers on the appropriate policies and processes that should be used by the NIH to determine funding allocations. As we craft new authorizing legislation for the NIH over the coming months, we will consider several ideas to improve and revitalize the agency so that the next century continues to bring about tremendous advances in medical research to better the lives of all our citizens.

I believe we all have the same ultimate goal: to use our resources—fiscal and human—in the best way possible to reduce the burden of illness and human suffering. Our challenge is to figure out the best path to reach that goal. The challenge for us as legislators is to find the wisdom to balance the rights and needs of the populace without crippling the scientific effort. My strong suspicion is that the rich and diverse symphony of voices in this country will be engaged in a never-ending refinement and adjustment of that path.

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