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CORRESPONDENCE

Because we receive many more letters than we have room to publish we may shorten those that we do publish to allow readers as wide a selection as possible. In particular, when we receive several letters on the same topic we reserve the right to abridge individual letters. Our usual policy is to reserve our correspondence columns for letters commenting on issues discussed recently (within six weeks) in the BMJ.

Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue. We may also forward letters that we decide not to publish to the authors of the paper on which they comment.

Letters should not exceed 400 words and should be typed double spaced and signed by all authors, who should include their main degree.

The future of clinical research in Britain

SIR,—I read with sadness and concern this medical news item (8 February, p 416)—sadness because the ideal of establishing a "centre of excellence" in clinical research at Northwick Park is admitted, in effect, to have failed. Whether or not this is true is still debatable. Certainly I am aware of the talent that the Clinical Research Centre has attracted and the valuable part it has played in providing research training and opportunities for young clinical scientists. My concern is not that your heading gives the impression that the future of clinical research in Britain appears to depend so heavily on the futures of the famous institutions mentioned. It is that the impending fate of the Clinical Research Centre is a clear "barometer" which indicates the poor esteem in which clinical research is held by those who hold the purse strings.

The spectacular success of the Hammersmith (as recently documented by Sir Christopher Booth, 21-28 December, p 1771) has been its capacity to encourage the scientific initiatives of talented individuals and to allow the parallel development of a generation of clinical scientists (including myself) in research and clinical medicine. A significant tradition in the early years was that when such an innovator left Hammersmith no attempt was made to fill that particular specialty vacancy but rather the opportunity was taken to allow a new development in another emerging field of clinical research. Latterly, the more formal clinical specialty structure and requirements for professional training have tended to cause appointments to follow the previous pattern, thus restricting the possibility of new specialties emerging in the future.

At present clinical research is suffering frustration and disillusion from lack of resources and serious financial and other disincentives to recruitment of medical graduates. Yet the opportunities for "fundamental clinical research" have never been so promising. What is lacking is the time and will of young doctors to learn the principles of practical, ethical experimental designs for detailed clinical investigations which give a greater personal and communal understanding of disease. In Britain biological sciences and technology are far ahead of the general expertise in clinical physiology (for example, by comparison with Scandinavia). While there exist incurable diseases we have no obligation to secure a future for clinical research. Not only is it important in the quest for effective treatments, but clinical research must be allowed to flourish if we are to educate a new generation of caring, scientifically aware medical graduates who will be capable of adapting to the rapidly changing challenges of the future.

It must be a matter of opinion whether clinical research can best be served by measures applied "from the top down" or "from the bottom up." An example of the former is the proposed amalgamation of the Clinical Research Centre with the Royal Postgraduate Medical School. I have every confidence it will eventually succeed but it is likely to do so only with the risk of serious confusion to the creative activities of those concerned. The former is thus a matter for political decision involving large financial resources. The latter is, I believe, more practical and within the medical profession's own gift if it has the will.

Manpower planning with the imminent restriction of training grade clinical contracts poses a great threat to clinical research, particularly since such a restriction will apply to honorary clinical contracts, which are currently the means by which research fellows are permitted access to patients to pursue clinical research. This restriction further threatens the possibility of today's promising young medical graduates being able to pursue parallel development of a type which helped present leaders in clinical research. I understand there will be a special allocation of honorary contracts for MRC clinical research students but the honorary senior registrar contracts for university lecturers will regionally be in competition with those in established specialty training programmes. With the cutbacks in university spending every effort has to be made to fund the salaries of clinical lecturers from outside sources. It is already difficult and soon will be well nigh impossible to obtain an honorary senior registrar contract. It would make an enormous difference if an extra number of honorary contracts could be allocated to undifferentiated "clinical research" (along the lines of the MRC studentships) for those who want to learn the fundamentals of clinical science before being committed to a particular clinical specialty.

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