

berg rules, the Helsinki Declaration adopted by the World Medical Association in 1964, the A.M.A.'s Ethical Guidelines for Clinical Investigation put forth in 1966—all stress free, informed consent of subjects, careful assessment of risks, and certainty that the experiment is essential. These several codes are clearly necessary, and clearly not sufficient without some means of enforcement.

Last summer, the United States Public Health Service, which finances a large part of the medical research done in this country, ordered its grantees to give detailed assurances that they are maintaining strict procedures, supervised by review boards, to protect patients' rights. Although the United States Surgeon General has urged that "qualified individuals from outside the scientific area be involved in this review," as matters stand all of the commendable codes rely for enforcement on colleagues of the investigators. (Recently the reprimanded Dr. Southam was elected vice president of the American Association for Cancer Research.)

It has been suggested, too, that an independent physician be interposed between researcher and patient to serve as a sort of attorney for the latter, but such an idea is not likely to receive the informed consent of the medical profession. Doctors have no taste for independent supervision of any sort. In order to meet their objections, the Food and Drug Administration recently agreed to accept a waiver of written consent in clinical tests at the option of the physician. The new F.D.A. regulation was further modified before being published to eliminate the need to inform a patient that he is being used as a control. And instead of requiring that the investigator give the patient "all material information," the regulation was rewritten to require only "all pertinent information." A provision that would have called upon the physician to take into account the availability of other remedies before deciding to try an experimental drug was deleted.

Although the tone of some of the criticism constitutes a kind of esthetic inhumanity in itself, the present concern over experiments on humans is, at its best, part of a larger concern for the individual, set against the institution. Our doctors enjoy great prestige and power over individual lives; when they succumb to the casual callousness of the laboratory, to arrogance or ambition or indifference, we are all threatened. (Dr. Beecher's suggestion that the results obtained in unethical research be denied publication is aimed squarely at ambitious

young researchers out to make a quick name for themselves. "Every young man," says Dr. Beecher, "knows that he will never be promoted to a tenure post, to a professorship in a major medical school, unless he has proved himself as an investigator." Probe or perish.)

But critics have been known to be arrogant, too, to arrogate the finer sensibilities to themselves. The choices facing our medical investigators are hard, and those who compare these men to the Nazi doctors are taking a self-indulgent, cruelly self-righteous line. These critics suffer from the same defects of temperament and intellect as those who cannot speak out for civil rights without charging that all policemen are sadists and cannot be against the war in Vietnam without shrieking of genocide. It is possible that a researcher, in his craving for esteem or in his bemusement with some abstraction, will forget what he owes to flesh and blood, and he must not be allowed to forget. But it is also possible that easy sentimentalizing over babies and old people may so frighten patients that they will resist helpful treatment and bring unearned abuse and discouragement to decent men in whom our hopes for medical accomplishment are embodied. "All of us who do this kind of study put our careers on the line," says Dr. Moore. "And some of us have had dreams." That self-restraint that we demand of the scientist is also becoming in the critic.

SO we find ourselves in an uneasy position—reluctant to shackle the men who have done us so much good, yet unable to feel quite comfortable while they are entirely at liberty. The simplest code for the medical researcher remains that of Claude Bernard, the so-called founder of experimental medicine, who said that experiments "that can only harm are forbidden, those that are innocent are permissible, and those that may do good are obligatory." It says everything and settles nothing.

Today's more elaborate codes say some things, but cannot settle everything. Barring the unlikely introduction of effective Government supervision, the direction that a researcher's work takes, how fast and far he moves in that direction, and what rules he observes along the way will depend on his own sense of decency and compassion, on the spirit that emanates from his colleagues and superiors, and on the enforced regulations of the institution where he works. Finally, all of these can only reflect our national sense of what one man may and may not do to another. ■