



## “Uneasy marriage” links public, private research

A complex mix of public- and private-sector alliances is emerging in the health care field and “it’s time to spike the notion that there can be an easy synthesis of values,” a recent health policy conference was told.

Fiscal and ideologic forces are making these alliances a “fait accompli,” said John Langford, a professor of public administration at the University of Victoria. “But from an ethical point of view, the marriage is not easy,” he told the 11th annual conference of the Centre for Health Economics and Policy Analysis.

Langford said there is an endless set of terms to describe new linkages between the public and private sectors: alliances, partnerships, joint ventures, cosponsorships and licensing agreements. These arrangements, which he described as forms of alternative service delivery, are intended to fund, manage, deliver or produce services for the public, but they raise a number of issues. Langford said procedural fairness, “one of

the bedrocks of the public service,” is not necessarily a goal shared by the private sector.

In the private sector, an emphasis on cost-containment and performance standards might mean that for-profit organizations that administer publicly funded research programs practise “application dissuasion.” As an example, he cited American HMOs that give bonuses to employees who have the greatest success reducing the number of claims.

Langford and others at the conference stressed that the new linkages between the public and private sectors mean that the public sector must employ highly skilled staff to manage and monitor the alliances.

“Without the capacity to define requirements, evaluate performance and replace contractors, the harm done [by these alliances] may well exceed the benefits . . . and efficiency will be reduced to cost minimization,” warned François Champagne, professor of health administration at the Université de Montréal.

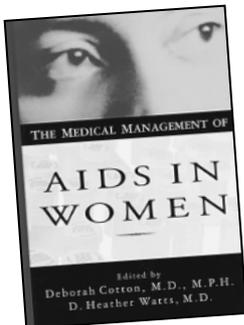
the companies pledged to conduct more research here.

To address the concern that “he who pays the piper calls the tune,” said Lomas, “a clear set of publicly accountable national priorities” for health research is needed. “If we create that, then we can comment on the appropriateness of the balance” of current research.

Lomas said control of the cost and use of pharmaceuticals is an increasingly important issue. Indeed, these concerns were a key reason behind the National Forum on Health’s 1977 recommendation that Canada introduce a national prescription drug program.

Meanwhile, there is evidence that research outcomes can be influenced by those who fund the research. Lomas referred a 1998 study (*N Engl J Med* 1998;338:101-6) that considered the financing and outcomes of research involving calcium-channel antagonists. The study found that 100% of the authors of positive research reports had received some drug company financing, compared with only 67% of authors of neutral reports and 43% of the authors of negative reports. Lomas said the study underscored the need for medical journals to set clear conflict-of-interest guidelines. ?

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