

Clinical Research

THE STOKER REPORT AND THE FUTURE OF NORTHWICK PARK

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THE idea that the Medical Research Council should set up a centre for clinical research was first proposed by Sir Thomas Lewis in a letter written to the Secretary to the Council, Sir Walter Fletcher, in 1929. He proposed that there should be an Institute "within which the workers may be free from the distractions presented by the petty and mainly diagnostic problems of diverse and obscure cases, and in which they can settle down to a more profound and uninterrupted study of the natural history of selected diseases".¹ The moment was not then propitious, and it was even less so in 1942 when Lewis again sent a memorandum to the Council reiterating the need for a central institute for clinical science. It was not until the 1950s that the MRC, stimulated by its Secretary, Sir Harold Himsworth, decided to set up a centre for clinical research. The Council submitted the original plans to Ministers in 1959 and they were approved in principle. The decision that the proposed centre should be associated with a non-teaching rather than a teaching hospital was made on the grounds that it would be difficult to have two bodies deciding research policy and competing for beds on the same site. It was further decided, as the preferred option, that the hospital should be a busy district general hospital. The centre and Northwick Park Hospital, newly built at Harrow to the concept that they should be integrated into one building complex, were formally opened by the Queen in 1970.

It has regretfully to be said that the clinical research community in this country at large did not on the whole respond to the new MRC initiative at Northwick Park with unbounded enthusiasm. *The Lancet's* editorial in 1969 referred to "mutterings about guineapigs and monstrous white elephants"²; and senior academics naturally thought that the resources required for the new centre would have been better invested in their own institutions.

RESTRUCTURING

I became director of the Clinical Research Centre in 1978, after a career at the Royal Postgraduate Medical School which had included the chairmanship of the department of medicine. At Northwick Park, our policy during my early years as director was to restructure the CRC and to give priority to the encouragement of molecular and cell biology. In March, 1984, in response to the Council's request for more detailed information on the organisation and work of the CRC, I submitted a full and comprehensive report setting out in considerable detail the organisational arrangements for clinical research at the CRC, together with an account of its achievements to that date. It had been envisaged from the outset not only that the CRC would develop a national role as a centre for clinical research but also, as a result of its association with the district general hospital, that the research workers of the CRC "would have an opportunity to come into contact with everyday problems of disease as manifest in a community",³ and it was thought that this might encourage

the study of common diseases often neglected in traditional university departments. There was a view in certain circles at that time that university clinical departments were often preoccupied or obsessed with the rare and the esoteric.⁴ In my report to the MRC in 1984 I stressed that at Northwick Park there had been considerable success in the study of the clinical disorders encountered in the work of a district general hospital. I concluded that the situation might be viewed with a certain amount of satisfaction, but not complacency.

The MRC noted that the advantages the CRC enjoyed in relation to the district general hospital at Northwick Park also contributed to some of its apparent drawbacks, in particular the constraints on the choice of areas of clinical research that could be undertaken. The MRC then, in July, 1984, set up the first of their committees under the chairmanship of Sir Michael Stoker, FRS, to consider the CRC. Its allotted task was "to examine the remit of the CRC", and this committee reported to the MRC six months later.⁵ They concluded that the clinical remit of the CRC was an inadequate brief and suggested that they should be reconstituted as a new committee, with wider terms of reference and power to co-opt, to "consider the original concepts and objectives of the CRC and, if required, propose for the future new objectives and organisational changes to support them". Specifically, the committee did not undertake any significant examination of the scientific achievements of the CRC. It is the report of Sir Michael Stoker's second committee that has now been considered by the MRC and released for wide discussion and consultation.

THE SECOND REPORT

It has to be stated at the outset that Sir Michael and his committee have produced a well written and cogently argued document. There will be points upon which individuals may disagree, but it is a report whose conclusions deserve widespread support. The report outlines the origins of the CRC and its present structure, assesses its status as a national institution, examines the problems facing clinical research in the United Kingdom today, and puts forward exciting and far-seeing proposals. For the future, the committee was particularly concerned with effectively integrating basic and clinical research.⁶

In answering the question whether the CRC has successfully developed as a national centre, the committee admits to "disappointment at the perceived standing of the CRC as a whole". This conclusion is seemingly at variance with the established international reputations, acknowledged by Sir Michael and his committee, of many members of staff at the CRC. Furthermore, staff at Northwick Park have had little difficulty in obtaining senior posts at universities. Several existing scientific staff members have turned down prestigious positions so that they might continue with their research programmes at the CRC. Through the years twelve staff members have been appointed to university chairs, three from positions as NHS consultants to Northwick Park Hospital.

In concentrating its attention on the standing of the CRC as a national institution, however, the committee has perhaps ignored the CRC's function as an institution involved in research in the environment of a district hospital. One of the committee's witnesses apparently impressed his listeners by questioning "the merit of categorising research according to the frequency of disease" and expressed the notion that "research in common diseases did not accord with the way scientific knowledge has developed over the last fifteen