

Sustaining biomedical research: Med school deans speak out

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Dr. Vivian Lee, Senior Vice President for Health Sciences at the University of Utah, Dean of the University's School of Medicine, and CEO of University of Utah Health Care testified in March, 2014, before the US House of Representatives about the importance of the National Institutes of Health in supporting cutting edge scientific research that is transforming therapeutics and patient care. Credit: University of Utah Health Sciences

Cuts in federal support and unreliable funding streams are creating a hostile work environment for scientists, jeopardizing the future of research efforts and ultimately clinical medicine, according to leaders of the nation's top academic medical centers in today's online issue of *Science Translational Medicine*.

Led by Arthur S. Levine, M.D., the University of Pittsburgh senior vice chancellor for the health sciences and John and Gertrude Petersen Dean of Medicine, medical school deans from 18 institutions reviewed the financial challenges that prevent high-risk, high-reward research, drive established investigators out of the U.S., and discourage trainees and early career researchers from pursuing their professional dreams.

"At any amount of public investment, the cost of the biomedical research enterprise is growing inexorably beyond what available resources can reasonably support," they wrote. "Persistent constraints on federal funding for biomedical research, including that from the U.S. National Institutes of Health (NIH), threaten to undermine the biomedical research enterprise, and decreasing clinical revenue compounds this threat."

Income from tuition fees, technology transfer, state grants and philanthropic gifts cannot make up for the loss of federal funds, Dr. Levine said. Furthermore, caps on federal reimbursement for administrative costs of research—which have risen significantly due to increased federal regulation—exacerbate the challenges. Academic institutions contribute on average an additional 53 cents for every dollar of sponsored research support received, typically with clinical revenue that is expected to decrease as the Affordable Care Act reduces health care costs.

"There is no question that academic institutions already have skin in the game to support the business of research, but we are doomed to be

played without concomitant increases in [federal funding](#)," Dr. Levine noted. "One of the critical components of the U.S. economy is a biomedical enterprise that fosters discovery and invention of new therapies and technologies. The federal-academic partnership must be reinvented so that we can continue to lead research initiatives, deliver top-notch health care, and support the next generations of scientists."

One approach is a model in which the growth in appropriations to NIH and other research sponsors is predictable, accounts for inflation, and is projected over three to five years, allowing both federal and academic institutions to plan for the future rather than attempt to react to annual funding uncertainty, the writers said. Biomedical research efforts must equal what is needed to improve [health care](#) in accordance with the public's needs and demands; funding reductions, they noted, will lead to a smaller biomedical enterprise and slow clinical advances.

"We cannot underestimate the need for a vibrant research community to add to our scientific knowledge and bring innovation to clinical medicine," Dr. Levine said. "It is imperative to have a renewed commitment to provide the financial stability to achieve these goals."

More information: Research in academic medical centers: Two threats to sustainable support, *Science Translational Medicine*, [stm.sciencemag.org/lookup/doi/ ... scitranslmed.aac5200](http://stm.sciencemag.org/lookup/doi/.../scitranslmed.aac5200)

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