

University teaching hospitals battle for scarce funds in Berlin

[MUNICH] The leading hospital in the former East Germany, the Charité in Berlin, is likely to receive priority over the next few years in the redevelopment of the city's teaching hospitals. In a statement last week, the Wissenschaftsrat, Germany's science council, recommended focusing financial support on the Charité, which is the medical faculty of Humboldt University in east Berlin.

But that could result in the Free University's Benjamin Franklin Hospital in west Berlin ending up on the scientific scrapheap, as the city — which is almost bankrupt — seems incapable of paying for the urgently needed renovation of the faculty.

After German reunification, Berlin was faced with a surplus of university departments and teaching hospitals. Since then, the Charité has completely transformed itself. After an evaluation, only 20 per cent of its professors were

reappointed, most of the remaining posts being filled with scientists from the west. In 1995, after bitter disputes (see *Nature* 369, 431; 1994), the Charité merged with the nearby Virchow Hospital, previously part of the Free University.

Since then, seven departments have been closed and the number of beds cut by 500 to 2,200, in line with a law on the restructuring of university medicine passed by the city government in 1994. "Our radical policy has been a success," says Wolfram Sterry, head of Charité's medical faculty. "As regards research grants and scientific publications, we are already among the top third of German teaching hospitals."

The Wissenschaftsrat has now rewarded these achievements. While DM400 million (US\$245 million) has already been used for building work at the hospital since 1994, the science council's support means that a further DM400 million is likely to be granted by the city and federal governments

to renovate the Charité's dilapidated infrastructure.

But that leaves the Benjamin Franklin Hospital out in the cold. "I cannot understand why the Charité should still be given priority, when we have already handed over the well-equipped Virchow Hospital to them," says Peter Gaethgens, head of the Free University's medical faculty. "In terms of public budgets, this recommendation means that in practice we will get nothing, while Charité takes it all."

Gaethgens says that the two teaching hospitals should be treated even-handedly. Peter Radunski, Berlin's science minister, has promised to support the Benjamin Franklin Hospital. But Gaethgens is pessimistic, saying: "The health ministry seems to be playing the dominant role. They want us to trim back to help cover [the ministry's] financial problems caused by the bankruptcy of Berlin's public health insurance."

Quirin Schiermeier

Mellow mood fosters marijuana research

[SAN FRANCISCO] A Californian senator plans to introduce legislation to provide \$6 million over three years to set up a centre to carry out research into the potential medical uses of marijuana. The research would be overseen by the University of California.

The move coincides with signs that officials in Washington have begun to moderate their hostility towards physicians who respond to a decision by voters in California last autumn to legalize medical uses of the drug (see *Nature* 384, 95; 1996). Federal officials are also showing increasing interest in research in the field.

Proposals for a state-funded research centre were unveiled last week by state senator John Vasconcellos (Democrat, San Jose), chairman of the criminal procedure committee in the state Senate. He said that the centre would conduct clinical trials on the effectiveness of marijuana, study adverse effects and safety, and develop intervention techniques for marijuana abuse.

Rand Martin, chief of staff to Vasconcellos, says the bill was written in answer to the federal government's "shameful" response to last year's vote. He says the federal response has been "more driven by hyperbole and politics than compassion and research needs".

The California law requires only an oral recommendation from a physician, not a prescription. But federal officials have warned doctors in both California and Arizona, which passed a similar law, that they risk federal prosecution if they recommend

the drug. Janet Reno, the Attorney General, has also said that doctors could lose the right to write prescriptions and collect reimbursements for Medicaid and Medicare patients.

Some Californian physicians say that individuals they suspect to be federal agents have been coming to their offices asking questions about marijuana, and have expressed concern at the possibility that threats of government action could lead to the monitoring and censoring of their conversations with patients.

Last month, a group of San Francisco physicians and their patients filed a suit against four federal officials claiming that the federal threats violate their constitutional right to free speech. And last week, an editorial in the *New England Journal of Medicine* said federal policy was "misguided, heavy-handed and inhumane".

Some see a possible softening of the

administration's stance in a decision by the National Institutes of Health (NIH) to hold a scientific workshop later this month to survey the literature on the medical use of marijuana, and to consider the potential for research into the drug's possible effectiveness, as well as its risks.

Harold Varmus, director of the NIH, says that the Clinton administration is very responsive to the idea of getting more information on which policy decisions can be made. Explaining the thinking behind the conference, he says that the state referenda have created a responsibility for public health officials to investigate whether marijuana is efficacious, and if so, to develop standard treatment schedules.

Separately, Barry McCaffrey, director of the Office of National Drug Control Policy, said the government would provide \$1 million to the Institute of Medicine to review existing research on the medical use of smoked marijuana.

But the San Francisco Medical Society calls such a study "unnecessarily duplicative and untimely", as the US Drug Enforcement Administration and other bodies have already compiled such data.

Until now, a lack of legally available marijuana for research purposes has blocked even studies approved by the Food and Drug Administration. The California bill would not create such a supply. But Vasconcellos hopes that the state administration will help resolve the problem. Varmus says that the NIH is prepared to provide marijuana for an approved protocol.

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