Howard Hughes Medical Institute
Research Laboratories

The Johns Hopkins University School of Medicine
725 N. Wolfe Street
Baltimore, Maryland 21205

Daniel Nathans, M.D.
Senior Investigator
(301) 955-8445

April 13, 1994

Dr. Purnell Choppin
Office of the President
Howard Hughes Medical Institute
4000 Jones Bridge Rd.
Chevy Chase, MD 20815-6789

Dear Purnell:

I want to follow-up on our brief conversation about the potential detrimental effects of changes in the organization of health care on the academic programs of university medical centers, and in particular whether the Howard Hughes Medical Institute can be helpful.

What I know about the pressures on the faculty and the academic programs concerns Hopkins, but I think the situation is similar at other private university medical centers. In the basic science departments at Hopkins about one-third of faculty salaries come from general funds (including a share of clinical income); the rest is from outside grants, mostly research grants. In the clinical departments overall about 95% of faculty salaries are derived from clinical income and outside grants; it is therefore common for a faculty member to get virtually 100 per cent of his or her salary from a research grant or clinical income. This means that faculty members of clinical departments in particular are often under great pressure to spend essentially all their time on the salary-producing activity at the expense of uncompensated activities like teaching medical students, residents and fellows, or other scholarly activities not supported by grants. This is an unhealthy situation, and it is likely to get worse as more highly organized and expanded health care services are instituted to meet the competition from non-academic medical centers.

Howard Hughes Medical Institute can't solve this problem for academic centers, but I think it can help. In my opinion the focus should be on clinical department faculty for the reasons already noted. One thing to consider is a program that provides an academic or teaching component of salary for key faculty members. In this way some outstanding physician/investigators (who are generally the best teachers) could spend more of their time teaching. The HHMI program might be administered like your graduate program support, i.e., a grant to an institution based on a review of faculty proposed for support, coupled to annual accounting for expenditures.

If you think it is worthwhile to follow up this suggestion, you might talk with others more directly involved with these issues, now or in the past, for example Holly Smith, David Kipnis, and Jack Stobo.

Yours Sincerely,

Daniel Nathans