of which is to sell brand-name prescription drugs, and accurate direct-to-consumer information, the purpose of which is to empower patients with information that will be of benefit to them. The case of the Portuguese government's campaign to educate the public about the economic advantages of generic drugs is an excellent example of the latter — one that the U.S. government should replicate. Other examples would be widely publicized government campaigns, involving the Food and Drug Administration and the National Institutes of Health, to educate patients and physicians with accurate and up-to-date information about the preferred treatments for various common diseases.

Ackman and Glied point out that the concept that financial conflicts of interest may cloud the veracity of information is not limited to the pharmaceutical industry but has infected what I believe must be the overwhelming majority of organizations for physician specialties and subspecialties. As medicine increasingly becomes a business, with money too often trumping the basic, historical service ethic of our profession, the credibility of medical organizations and physicians themselves is endangered by the increasing documentation of decisions made not solely on the basis of what is in the best interest of the health of the patient but also on the basis of what may be most beneficial financially to doctors and their organizations.

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Debt Repayment for Trainees

To the Editor: Ley and Rosenberg (Jan. 31 issue)[1] fail to note that a high average debt load is common among physicians entering private practice and those training for careers in medical science. What differentiates the two pathways financially is salary. Since money is fungible, loan repayment simply increases the net compensation of the selected recipients. As the authors admit, there is no proof that educational-loan repayment itself is especially compelling, yet this is the only rationale offered to justify bestowing a (relative) windfall on certain trainees. Ironically, the repayment program will create an incentive for students considering careers as physician-scientists to accumulate educational debt, whether they need the loans or not.

Nathan (Jan. 31 issue)[2] admits that the category "clinical investigator" is "vaguely defined." Under the current definition, the experimental methods that a scientist uses matter as much as the questions he or she is trying to address. This definition thus creates a compelling and ethically problematic financial incentive for grant applicants to find justifications for incorporating human subjects into their study design. Physician-scientists should be able to ask important questions about human biology and disease without having to worry about whether the design of their experiments will cause them to receive much lower compensation than their peers. Nathan worries about a "barrier of jealousy" between M.D. and Ph.D. researchers, but both Sounding Board articles overlook the effect on morale of allowing some M.D. researchers to receive increased income in the form of loan repayment while others, by dint of their study design or the way their finances are structured, are deemed ineligible to apply for better compensation.

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1. Ley TJ, Rosenberg LE. Removing career obstacles for young physician-scientists — loan-repayment programs. N Engl J Med 2002;346:368-72.
2. Nathan DG. Educational-debt relief for clinical investigators — a vote of confidence. N Engl J Med 2002;346:372-4.

To the Editor: After the National Institutes of Health (NIH) Director's Panel on Clinical Research released its report in December 1997, private grant-making organizations sprang into action. Several quickly developed innovative programs to address the acute shortage of clinical investigators. To aid in this process, 11 prominent foundations that support medical research joined together to form the Clinical Research Alliance, which provided a platform for members to brainstorm and share best practices. In July 2001, we met as a group with NIH leaders to stress our shared concern and to press for implementation of their extramural loan-repayment program.

The response of private organizations has been substantial. A survey of Alliance members revealed that our collective investment in the pipeline of clinical investigators (as defined by the NIH) has more than doubled since 1997 and now exceeds $78.5 million annually. Special features of awards for new investigators include debt repayment, "protected time," longer award periods, and stipends for mentors. The Clinical Research Alliance continues to meet in order to focus on other initiatives, such as exposing medical students to clinical investigation and recruiting members of underrepresented minority groups for careers in clinical research.

Historically, private grant-making organizations have not been known to collaborate. However, urgent needs call for creative responses. Any impediment to the flow of scientific discovery to patients must be addressed rapidly and effectively. We hope our efforts are just the beginning of new partnerships and innovative solutions to this urgent problem.

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To the Editor: Shortly after receiving a favorable score on an NIH K08 grant application, I elected to pursue private