

35th MEETING

NATIONAL BIOETHICS ADVISORY COMMISSION

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1 P R O C E E D I N G S

2 OPENING REMARKS

3 DR. SHAPIRO: All right, colleagues. Let's
4 begin this morning's meeting. Let me remind you what
5 our agenda is this morning.

6 We will hear momentarily from Professor
7 Sagoff on the patenting issue which we are considering
8 and then we are expecting the President's Science
9 Advisor to come and speak to us regarding some issues
10 that are on their minds and they would like us to
11 possibly address, and I think we perhaps should be
12 through, roughly speaking, with both of those issues
13 at 9:30 roughly. We will just have to wait and see
14 how long the questions go and so on.

15 And then we will spend the rest of the
16 morning discussing our upcoming agenda.

17 We will adjourn no later than noon today.

18 As in all such cases, there is no reason to
19 use up all that time unless we have something useful
20 to say but I do think we will probably spend roughly
21 till noon.

1 So, Professor Sagoff, welcome. It is very
2 generous of you to be here this morning. We very much
3 appreciate your presence here and we look forward to
4 your remarks.

5 PRIORITY SETTING FOR FUTURE PROJECTS

6 GENE PATENTING

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10 DR. SAGOFF: I am delighted to be here and
11 flattered as well. Thank you for inviting me. I am
12 not only glad to be here myself but because I think
13 the patenting issue has reached a stage of urgency and
14 brightness through your consideration and I hope to
15 convince you to put it on your agenda for action.

16 In this brief talk I will say -- I will try
17 to characterize where we are and the problems we
18 confront and then suggest what might be your response.

19 DR. SHAPIRO: If you could just -- I just
20 want to interrupt for a moment to tell you that if
21 this phone connection works there is one member who

1 will be here by conference call.

2 DR. SAGOFF: Right.

3 DR. SHAPIRO: So if you hear a voice coming
4 out of the air you will know it is not your
5 imagination. We do have someone by conference call.
6 Mr. Holtzman is in Boston, I believe.

7 DR. SAGOFF: Starting about 15 years ago for
8 the first time the U.S. Patent Office has adopted a
9 policy of routinely issuing patents on what are in
10 effect products of nature, including genes, proteins,
11 organisms and most recently expressed sequence tags
12 and single nucleotide polymorphisms.

13 In consequence, the Patent Office, the PTO,
14 has been flooded with applications for patents on
15 genes, proteins and other such naturally occurring
16 materials on which it has now issued patents on
17 thousands. As one journalist reported in the
18 Scientific American PTO needs a hundred years just to
19 review pending patents and some applications,
20 including from insight pharma -- some insight
21 pharmaceuticals and human genome scientists submit

1 thousands of sequences at a time.

2 Now as you know the controversy over gene
3 patenting first came to a boil in 1991 when then
4 director of the NIH, Bernadine Healy, decided to seek
5 patents on a large number of expressed sequence tags,
6 EST's, government scientists had worked out in our
7 laboratories.

8 The Human Genome Project Director, James
9 Watson, calling the attempt to patent genes or gene
10 fragments sheer lunacy, resigned from his position.

11 Healy's successor, and this is all well
12 known, Dr. Harold Varmus, instructed NIH researchers
13 to place their discoveries in the public realm. He
14 said, "I do not believe that patenting at this stage
15 promotes technology development and it may impede
16 important research collaborations here and abroad.?"

17 Gene sequences and the proteins they express
18 occur naturally. Thank God they do, otherwise none of
19 us would be here. Yet the Patent Office allows
20 patents on these molecules providing they are cloned
21 or more generally isolated and purified. As one PTO

1 official states this policy, "In order for DNA
2 sequences to be distinguished from their naturally
3 occurring counterparts, which cannot be patented, the
4 patent application must state that the invention has
5 been purified or isolated."

6 In other words, to obtain a patent on a gene
7 one must isolate the sequence, identify the sequence,
8 and to patent a protein that sequence expresses one
9 must obtain a pure sample of it.

10 Now this is really a tremendous departure
11 historically from the way the Patent Office and the
12 courts have treated products of nature in the past.
13 There have -- there are occasional examples in the
14 past of the patenting of a naturally occurring
15 material but it has always been and explicitly been in
16 connection with a particular use or application of
17 that material or a particular way of synthesizing or
18 obtaining it.

19 For example: I may have mentioned a number
20 of these cases. The Supreme Court held in 1853 that
21 Morris could -- that Samuel Morris could patent the

1 telegraphic instruments by which he used the magnetic
2 spectrum but not the magnetic spectrum itself. Only
3 insofar as the magnetic spectrum were engaged by that
4 particular instrument.

5 Similarly, in 1928, an Appeals Court held
6 that General Electric Company could not patent pure
7 tungsten even though pure tungsten did not ever exist
8 in nature. It is always found -- it is active in
9 combination with oxygen or something. It is very
10 difficult to purify. GE had purified it and asked for
11 a patent on pure tungsten and the court held, as you
12 might expect, that it could have a patent only on pure
13 tungsten in connection with that particular way of
14 purifying it or a particular use of it, for example,
15 in light bulbs.

16 The controlling case here is -- occurred in
17 1860. It was a fascinating case. It is also one that
18 brings out interesting and relevant ethical
19 considerations. The New York Eye Infirmary sought a
20 patent for anesthetic ether. It had discovered
21 ether's anesthetic properties. This discovery ranks

1 among the greatest boons to mankind. In spite of the
2 immense importance of this discovery the District
3 Court disallowed a patent for ether itself on the
4 grounds that ether remains a product of nature even
5 when it is used for anesthetic purposes.

6 In *Morton versus Eye Infirmary*, 1862, the
7 Appeals Court said -- and this was the controlling --
8 this has been, as far as I know, the controlling idea
9 about objects of nature and their patentability -- the
10 court said, "A discovery may be brilliant and useful
11 and not patentable no matter through what long
12 solitary vigil or by what importunate efforts the
13 secret might have been wrung from the bosom of nature
14 or to what useful purpose it might be applied,
15 something more than mere discovery is necessary."
16 Something more than the fact that it was unknown
17 beforehand is necessary.

18 So a new force or principle brought to life
19 must be embodied and set to work and can be patented
20 only in connection or combination with the means by
21 which or the medium through it operates. It can only

1 be -- until the 1980's that -- so whatever,
2 prostaglandins, vitamin B-12 or whatever -- it is
3 always in connection with the use or the kind of
4 production process patent and not a product patent.

5 All this change in the 1980's and I talked a
6 little bit in the handout you have about why we can
7 look more in the questions.

8 In any case, on the basis of its new policy
9 PTO in the 1980's -- I am just going to talk about one
10 gene patent, just one, of the thousands and thousands,
11 the tens of thousands. Nobody knows exactly how many
12 are pending. And this will give you a feel as to what
13 we are about.

14 On the basis of its new policy the patent
15 office in 1987 granted a product patent to Genetics
16 Institute for purified and isolated erythropoietin, a
17 protein the body makes in minute amounts but which is
18 a life saver in larger amounts to people suffering
19 from anemia.

20 Genetic -- there was then -- after 1980 there
21 was a race among many companies to purify

1 erythropoietin because (a) the first one who purified
2 it would own the protein given the -- and this would,
3 of course, be a tremendous cornucopia of riches. Yet
4 Genetics Institute by sheer force of effort, they
5 isolated the protein from human urine and patented
6 that protein, erythropoietin on the basis that it had
7 purified the first sample of it, which it had.

8 Four months later the Patent Office issued to
9 Amgen another patent on the same protein. Amgen had
10 invented an ingenious way of mass producing
11 erythropoietin by isolating the relevant gene and
12 inserting it into Chinese hamster ovary cells. With
13 its process EPO could be produced in huge amounts at
14 an affordable price but Genetics Institute owned that
15 element of nature, that particular protein, so it
16 sued, of course, for patent infringement. Amgen had
17 hugely more resources to bring to the legal battle and
18 managed to find a technical difficulty to invalidate
19 the previous Genentech patent so Amgen got the ability
20 to market this protein, which otherwise Genentech
21 could have blocked.

1 The story is now playing out again because
2 Transkaryotic Therapies in Cambridge, Mass., has got
3 an even more ingenious way of activating people's own
4 genes to produce this protein and Amgen, which is now
5 making over \$2 billion dollars a year on its EPO, has
6 engaged in what its vice-president calls a no holds
7 barred, no expense spared litigation against TKT to
8 prevent it from its gene activation therapy, which
9 would activate your own genes to produce this protein
10 but as long as the protein is being produced in a
11 commercial way and money is being made on it the
12 patent is now Amgen or so it claims. And there has
13 already been a first round where Amgen sued TKT even
14 for developing the technology to begin with and now
15 there is going to be tremendous litigation.

16 Well, that is one example and I could give
17 you any number of others. You know the strange doings
18 with human growth hormone. A story that has obviously
19 been in the papers because of the -- where the
20 University of California at San Francisco and a
21 biotech company are at loggerheads as to who owns it

1 and so on. It goes on and on and on. Clotting
2 factors. It is there.

3 At any rate, let me now just list the
4 problems that this presents to our society. The
5 first, I think, is the moral and religious problems
6 that religious and moral leaders bring in their
7 objections to patenting products of nature. They
8 think that the distinction between discovery and
9 invention is the crucial one, not between what is
10 known and unknown, that is what is novel in some sense
11 even though it exists because it is unknown.

12 The reason is that design confers
13 intellectual ownership. It shows that you have taken
14 that inventive step, that you understood it enough to
15 contribute knowledge to the world, the knowledge of
16 how something is designed that other people -- this is
17 the quid pro quo of patent law -- that other people
18 can use to build something better. With mousetraps
19 that is fine but with proteins you cannot build a
20 better gene because of the way they all fit together
21 as it were. It is the product of nature itself that

1 is at issue, not a design that somebody can somehow
2 improve. So the quid pro quo is lost and many
3 religious leaders, of course, believe that even though
4 God failed to patent his designs nevertheless they
5 were the inventions of someone other than Amgen.

6 The second problem lies in the sheer amount
7 of litigation that the society is confronting
8 especially in the agricultural area. It looks like
9 there is an enormous hit to the research budgets to
10 the progress of the technology because litigation is
11 endless in this area. At the moment every member of
12 the biotech -- of the IBO, Industrial Biotech
13 Organization, seems to be suing every other member and
14 it just iterates all the way around and it is a
15 horror.

16 The third problem is the one that Rebecca
17 Eisenberg so brilliantly pointed out in her Science
18 article in Science. An anticommons has arisen where
19 everybody has to pay everybody else because everybody
20 owns a little piece of the action, that is to say --
21 here I guess I am going to stop with this -- I will

1 just stop with this quotation from -- one from Carl
2 Siccomb, GEO of Garst-C, just a typical small genetic
3 seed maker.

4 He says, "Here is an example of what could
5 happen with EST patents and the current backlog. Here
6 at Garst we have been specializing in stacking genes
7 with different traits. Some genes come from outside
8 sources and some we develop. So we developed a
9 project that contains herbicide resistance, it has got
10 insect resistance, and then suddenly you wake up one
11 morning and some company has slapped you with a
12 lawsuit because it got a patent -- it applied for it
13 ten years ago and our gene stack contains one of its
14 EST's or one of its gene fragments. Now we are
15 trapped into a legal situation where we are forced to
16 pay royalties.

17 "In effect, we have to give our profit away
18 but we cannot sell the product anymore. We spent ten
19 years and millions of dollars to develop that product
20 and if we had known that the patent had been applied
21 because you do not know what patents have been applied

1 for and had a chance of issuing, we would have never
2 done the research. How as a manager of business can I
3 plan for the circumstance like that?"

4 It is a totally unacceptable situation.

5 DR. SHAPIRO: Thank you very much. Are you
6 through?

7 DR. SAGOFF: No. I just -- I wanted to say
8 that I think NBAC is the -- is the only hope the
9 public has for intellectual and moral leadership in
10 this area. There is no other political authority to
11 step forward to issue any kind of advice or criticism
12 of current policy.

13 DR. SHAPIRO: Thank you. I just want to say
14 that this is not the first time someone has sat in
15 that seat and said, "You can put your finger in the
16 dike but only you." Maybe that is right.

17 (Laughter.)

18 DR. SHAPIRO: And maybe it is overly
19 flattering to us as well but let me just see if our
20 colleagues --

21 DR. _____: There is water up to our

1 knees.

2 (Laughter.)

3 DR. SHAPIRO: Steve, can you hear us?

4 MR. HOLTZMAN: Yes, I can. Thank you,
5 Harold.

6 DR. SHAPIRO: Okay. Thank you. I just
7 wanted to make sure. This is -- that voice is Steve
8 Holtzman.

9 Okay. Questions? Alta?

10 PROF. CHARO: Continuing the great NBAC
11 tradition, two questions.

12 (Laughter.)

13 PROF. CHARO: Mark, first, thank you very
14 much for what was a passionate and helpful
15 presentation. The first is kind of a bottom line
16 question. All right. If there were no patents that
17 could be issued in this area do you think that Amgen
18 or Genentech or TKT or any other company would ever
19 invest -- would ever have invested anything in the
20 search for a usable form of EPO?

21 DR. SAGOFF: Yes. In fact, much more because

1 they would not be wasting their time trying to isolate
2 it from urine. They would have gone straight to the -
3 - to the genetic manipulation and insertion.

4 MR. HOLTZMAN: Isolating it from urine was
5 the precondition of getting the protein to get the
6 amino acid sequence to, thereby, infer the DNA
7 sequence so the idea that anybody was isolating it
8 from urine as a production method is, in fact, false.

9 PROF. CHARO: Could you make that out, Mark?

10 DR. SAGOFF: No.

11 DR. SHAPIRO: Steve, do you want to try that
12 again and talk a little slower?

13 MR. HOLTZMAN: If you go back to the early
14 1980's what was known is that there was a principal in
15 the body that was responsible for red cell production.
16 All right. That principal has come to be known as
17 EPO.

18 DR. SHAPIRO: Right.

19 MR. HOLTZMAN: Which was before there was
20 structural gene cloning as we have in the 1980's.
21 Therefore, the way you found the gene was to isolate

1 the active principal, that is the protein, in this
2 case from urine.

3 DR. SAGOFF: Yes.

4 MR. HOLTZMAN: Once you have the protein you
5 got the amino acid sequence of the protein. Once you
6 have the amino acid sequence of the protein you then
7 through degenerate primers got the DNA that encodes
8 the protein. Both Amgen as well as Genetics
9 Institutes by the way, not Genentech, isolated the
10 protein from urine not as a production methodology but
11 as a necessary step in order to be able to get the
12 amino acid sequence and hence thereafter to be able to
13 get the DNA sequence.

14 The representation that Genentech -- that
15 Genetics Institute was going to produce EPO through a
16 production methodology which is ridiculous is a
17 mischaracterization of the situation.

18 DR. SAGOFF: Of course, it could not possibly
19 produce EPO through isolating it from urine any more
20 than clotting factor could be isolated from, you know,
21 getting it out of the blood of pigs, which is the way

1 these things were first found. At the time you are
2 right, of course, there was --

3 MR. HOLTZMAN: As a matter of fact, clotting
4 factor up until three years ago that hemophiliacs were
5 getting was, in fact, being gotten from isolation from
6 plasma and also from recombinant DNA insulin was being
7 gotten from pigs and cows and, in fact, still is in
8 some instances.

9 DR. SAGOFF: There are a lot of problems with
10 contamination of bacteria and so forth when you try to
11 isolate it from plasma. These are -- all of this --
12 what he says is true but it is obvious that the --
13 that you are not going to get EPO from urine. The
14 reason that Genetics Institute -- of course, if I had
15 said Genentech --

16 PROF. CHARO: No, that was me.

17 DR. SAGOFF: Okay. That was you. -- went
18 forward, however, was to get that patent. The issue
19 was getting the patent by purifying. That was what
20 needed to be done first commercially.

21 Now to get to your question, there is no

1 doubt that people -- that these companies would put
2 plenty of money into this. They were doing it even
3 before the Patent Office made up its policy. That is
4 people were pouring money into genetic engineering
5 during the '80s before it became at all clear that
6 there would be -- what the patent policy would be and
7 we were in competition at the time and one of the
8 reasons the patenting came to the fore was because of
9 international competition with Japan and unless we
10 have patents the Japanese will get ahead of us and so
11 on.

12 In England, especially Japan and Europe where
13 there was no patenting at the time, there was enormous
14 investment. So I think that that would not be a
15 problem.

16 Second, if there was a patent by process or
17 by product by process, if Amgen got a patent on
18 putting the gene in, you know, cells, and expressing
19 it that way it would certainly suffice. That would be
20 a wonderful way of making it. It would make all of
21 its profits but it would have no case against -- it

1 could not block a different way of making it, TKT's
2 way, and I think that suits our intuitions.

3 PROF. CHARO: Well, then that actually leads
4 perfectly into the second question if I may because I
5 am trying to completely understand the nature of the
6 objections here. I have got to confess I have only
7 followed this field from a distance, right. In
8 reading the shorter piece that was distributed
9 yesterday by you, the one from Issues in Science and
10 Technology --

11 DR. SAGOFF: Yes.

12 PROF. CHARO: -- you begin the article by
13 outlining the two distinct purposes of patent law.
14 First that inventors get what is called a natural
15 property right to their inventions. All right. A
16 kind of natural law argument.

17 DR. SAGOFF: Yes. Right.

18 PROF. CHARO: Which seems to be the source of
19 concern for the religious leaders because it seems --

20 DR. SAGOFF: Absolutely.

21 PROF. CHARO: -- to convey the notion of not

1 only intellectual collaboration but intellectual
2 primary authorship of something. Right? And the
3 second has to do with the kind of instrumental purpose
4 of creating incentives for investment.

5 DR. SAGOFF: That is right.

6 PROF. CHARO: And at the very end of the
7 article in the last paragraph you say that a new
8 statutory framework could provide monopoly commercial
9 rights that industry seeks without creating the
10 implication that industry invents, designs or owns the
11 genes.

12 DR. SAGOFF: Right.

13 PROF. CHARO: Okay. But now I guess I am now
14 confused because if the major concern here is really
15 in the -- either symbolism or common understanding of
16 notions of intellectual ownership and what the word
17 "own" and what the word "property" mean because, of
18 course, they have very different notions in law than
19 they do in common usage, which is one of the sources
20 of tension here, that -- and that, therefore, that is
21 the major concern and you, indeed, advocate monopoly

1 commercial rights --

2 DR. SAGOFF: Right.

3 PROF. CHARO: -- for the instrumental
4 purposes then why are you asserting that the monopoly
5 commercial rights are not needed and are
6 counterproductive in the examples that you have given,
7 including the example of EPO? It seems like in the
8 article you are only arguing against one basis for
9 patenting and now I am hearing two bases independently
10 being raised.

11 DR. SAGOFF: Yes. There are two questions
12 here. First, the patents are too broad is what I am
13 saying and also they imply intellectual ownership
14 which perhaps religious leaders, you know --

15 PROF. CHARO: And they would not -- and the
16 religious leaders would not be -- would not be calmed
17 by kind of a class on what property means in law
18 versus what it means in common parlance?

19 DR. SAGOFF: No, actually they would be
20 calmed by a narrower construction of these patents,
21 that is if they were patented in the same way -- on

1 some analogy with our planned patent acts or, you
2 know, our hybrid patent acts, they could see that it
3 was not the gene itself or the protein itself that is
4 being patented but that in connection with a certain
5 process of making it. If you hybridize a plant --
6 somebody else can make the same plant differently,
7 asexually or something like that, and get a patent on
8 that way of doing it.

9 Now it is a distant analogy, however it is
10 the narrowness of the patents and their connection
11 with the process and the use that spares us from
12 thinking that the product itself is the intellectual
13 outcome of this inventive step that Amgen or whatever
14 has taken.

15 PROF. CHARO: Thank you very much.

16 DR. SHAPIRO: Alex?

17 PROF. CAPRON: I want a little further
18 elaboration on what you think we should be doing, not
19 topic-wise, clearly the question of patenting of
20 genes, human genes, is the topic, but my sense is that
21 it is unlikely that we will be in a position other

1 than by endorsing the view of lawyers or others who
2 are able to interpret the patent law and the decisions
3 of the Supreme Court in this regard. We will be
4 unlikely to say anything about whether the patent
5 statute has been read correctly.

6 The question that I took it that people were
7 saying needed to be addressed is not whether there is
8 a problem under the existing interpretation but
9 whether it is right or not for companies or for
10 individuals to own human genes. Is there something
11 wrong about that? I mean, that -- if there is a -- if
12 there was an emotional and, therefore, newsworthy
13 punch to the group of religious leaders who Jeremy
14 Rifkin gathered together those couple of years ago,
15 1995, to issue this call for the moratorium on
16 patenting genes, it was not that the patent office was
17 being flooded by these things and was not able to
18 issue them fast enough and that we were, therefore,
19 going to have commercial problems of the type that you
20 quoted from the person from the plant company or it
21 was not that back in 1980 the Supreme Court had gotten

1 it wrong and Chakrabarty -- you know, in statutory
2 terms and Justice Brennan had it right. It was the
3 notion that somehow it was -- there was something
4 wrong with people owning this.

5 Is that the topic that you think we should
6 address or are you suggesting that we get into these
7 interstices of the patent statute and whether or not
8 the law has been misunderstood?

9 DR. SAGOFF: I think that there are different
10 ways of interpreting a statute and I do not think -- I
11 think it is too important to be left to the lawyers
12 actually, that one can, as the religious leaders do,
13 refer to Chakrabarty's insistence that products of
14 nature cannot be patented, which goes all the way
15 back. But when you look at what the religious
16 objection is, it is to the patenting of products of
17 nature.

18 Now there may be a reason why -- a religious
19 reason, a moral reason, a reason that has that kind of
20 punch -- why we do not patent products of nature. Why
21 not? The current PTO view is it does not matter as

1 long as it is novel, as long as it has been wrung out
2 of the bosom of nature as it were, it was a secret
3 before. It now does not matter as long as -- why do
4 -- why do we not just accept novelty rather than as a
5 condition? What is the importance of the product of
6 nature?

7 Now there is a lot of -- there are a lot of
8 reasons for that. One is the religious objection or
9 the moral objection about intellectual properties that
10 Alta pointed to as the primary one. But there are
11 these other reasons, too, that affect the more
12 utilitarian ones, the blocking patterns. The problem
13 of the anti-commons that will affect partially the
14 development of needed medical advances. I think that
15 both of those reasons speak to the problem of
16 patenting products of nature and that we ought to
17 review the notion that the law might mean products of
18 nature rather than simply novelty.

19 PROF. CAPRON: When one thinks about the
20 solutions that would be put forward for those
21 different types of problems --

1 DR. SAGOFF: Yes.

2 PROF. CAPRON: -- one seems to be a practical
3 solution. In other words that if you had a group of
4 patent experts or if you had BIO sitting down with the
5 patent office that says, "Look, we have a problem.
6 People apply for these patents. We do not know if
7 they are going to be good patents and so forth.
8 People go ahead and do their work. They build on an
9 assumption that something is not patented and then it
10 turns out to be patented and this house of cards or
11 the log jam, whatever you want to say, is a problem."

12 That would not -- I mean, I understand that
13 there is a -- one could say some moral urgency there
14 if you think that the problem is that people are not
15 going to be fed or diseases are not going to be cured
16 because companies will drag their feet because of that
17 unknown risk factor. I am not quite sure from a
18 businessman's point of view why that risk factor is
19 any different than a whole range of other risk factors
20 and the market can discount for risk but even assuming
21 that you could put some moral punch behind it but I do

1 not see that as a topic to which we would make any
2 particular contribution.

3 The problem has already been nicely
4 identified by others. The solution would be a
5 technical solution. So I come back to trying to
6 understand what is the core of the topic that you
7 think NBAC should address.

8 DR. SAGOFF: Well, it is exactly the one that
9 Alta pointed to and it was the original protest,
10 namely that there is an essential distinction between
11 discovery and invention. If we blur that distinction
12 then we put ourselves in the -- we give ourselves
13 credit, intellectual credit, by theft for what we
14 never toiled to achieve.

15 Now that is a moral point and it is a moral
16 point that many leaders have made. Is there a reason
17 for that? I guess that is -- what it gets to is, is
18 there an important distinction there between discovery
19 and invention? Is it important to maintain a
20 separation between the humanity and nature that
21 Christian religion has always posited? People worry

1 everywhere that that separation is being completely
2 destroyed.

3 PROF. CAPRON: But the quote you have here
4 from the religious leaders does not make that
5 distinction. It says, "We believe that humans and
6 animals are creations of God."

7 DR. SAGOFF: Yes.

8 PROF. CAPRON: Not humans -- creation of God,
9 not of humans I guess is what they mean.

10 DR. SAGOFF: Yes.

11 PROF. CAPRON: "And, as such, should not be
12 patented as human inventions." To me it sounds less
13 like simply an argument about what is out there as
14 such as something inherently wrong with claiming the
15 -- that our dominion over nature, which I think the
16 Biblical leaders would recognize, extends to
17 ownership, that there is a difference between
18 stewardship and ownership and they seem to be
19 objecting to that but they are not drawing a
20 distinction between man and nature. It is many parts
21 of nature, at least the animal kingdom of nature seems

1 to be something that they object to that type of
2 ownership.

3 DR. SAGOFF: It is creation, not ownership.
4 Actually they have no problem with your owning
5 animals, personal property. It is that we created --

6 PROF. CAPRON: Only as a creative --

7 DR. SAGOFF: Their literature uses the word
8 "creation." That human beings have not created these
9 things, therefore they ought not to own them as
10 intellectual property even though they have created
11 them on farms as personal property and should own them
12 as chattel. So the distinction is really one between
13 of creation. Do we create these things or do we find
14 them?

15 If we find them then we might want a regime
16 whereby there is some sort of monopoly placed on them
17 for the commercial purposes that you say you would not
18 particularly be prone to deal with. But if that is
19 the case -- if we find them -- but creation should be
20 considered separately. The question of design,
21 invention and creation is a moral matter and that is

1 -- and that matter has been lost in the very core, the
2 very core of its applicability to our relationship to
3 the world.

4 DR. SHAPIRO: Let me -- I am going to just
5 take one more comment now and if you are willing to
6 wait we can return to this subject in about a half
7 hour or three-quarters of an hour if you are willing
8 to wait. You may not have the time. We will carry on
9 the discussion ourselves if that is the case.

10 DR. SAGOFF: I would love to. I have to give
11 a talk at the World Bank at 10:30.

12 DR. SHAPIRO: Then I will give -- I will just
13 take one more comment now for you and then we are
14 going to have to move on.

15 Tom?

16 DR. MURRAY: Thank you. When this commission
17 did its work on human cloning I think one of the
18 greatest contributions we made was not so much in the
19 specific recommendations for policy, although they
20 were relevant, but in an effort to give a clear and
21 sympathetic description of what seemed to be widely

1 held concerns.

2 As you know, much of the work, I think, of
3 good philosophy is trying to see what lies behind and
4 try to give a clear statement to it.

5 DR. SAGOFF: Yes.

6 DR. MURRAY: Now in some cases when we did
7 that we would say, well, this is simply a mistaken
8 concern. You know, cloning is not xeroxing for
9 example.

10 DR. SAGOFF: Yes.

11 DR. MURRAY: I am wondering if we would --
12 ought to think about our role with respect to gene
13 patenting in a somewhat similar way. It is different
14 in that cloning -- I mean, human cloning more or less
15 burst on the scene with Dolly.

16 DR. SAGOFF: Yes.

17 DR. MURRAY: It had been out -- lurking out
18 there but that is when people became aware of it.
19 Gene patenting is the ethical/legal issue that will
20 not die in that every time scholars think it has been
21 put to bed someone -- the religious leaders issue a

1 statement and everybody says -- lots of people say
2 yes. So there is something going on here in widely
3 held public perception and belief which may not always
4 be well articulated and I am wondering if that is what
5 we ought to address.

6 So my question to you is do we have a good
7 sense of what it is that most motivates public concern
8 and apprehension about the patenting of genes,
9 especially the patenting of human genes? I mean, I
10 applaud you for your continuing efforts to try to
11 articulate that but is there any good data on what is
12 really lying behind the public concern?

13 DR. SAGOFF: I do not think there any survey
14 data but the concern has gone -- goes all the way back
15 to Thomas Jefferson who wrote the patent statute and
16 at the time that he wrote the patent statute he wrote
17 a lot of essays about it and he harped on the
18 distinction between nature, which he says was the
19 common heritage of mankind, that kind of language
20 comes from Jefferson, and invention.

21 The distinction between what we all own in

1 common because God made it or we all find it, it is in
2 us, and what we create ourselves because of that spark
3 of rationality got has put in us was basic to
4 Jefferson's view of patents. I think that that long
5 intellectual history that separates invention from
6 discovery, creation from finding still gnaws at us and
7 we cannot let that distinction go. It means too much
8 about the structure -- it talks too much to the
9 structure of how we recognize -- realize our
10 relationship to what we could not possibly have
11 created, could not possibly have created or designed.

12 DR. SHAPIRO: Okay. I know there is other
13 commissioners who wish to speak but we will have to
14 return to this topic later.

15 I really want to end by thanking you very
16 much for being here, not only for being here today but
17 for your many contributions to the ongoing discussion
18 of this topic. We really are very appreciative.

19 DR. SAGOFF: It was an honor and a pleasure.
20 Thank you.

21 DR. SHAPIRO: And we, hopefully, will

1 continue to be -- our conversations in some other
2 venue in some other time but thank you very, very
3 much.

4 DR. SAGOFF: I wish I had more time.

5 DR. SHAPIRO: We very much appreciate it.

6 DR. SAGOFF: Thank you.

7 DR. SHAPIRO: I would like now to turn --
8 obviously we have a guest here with us this morning.
9 I think it is someone -- you all know who is Neal
10 Lane, a distinguished physicist and the President's
11 science advisor and someone who is obviously very
12 important to NBAC as OSTP is really home in some sense
13 -- in one sense or another to us.

14 So, Neal, I want to welcome you this morning.
15 It is great to have you here. Just -- I do not think
16 -- we all know you but I do not think you know every
17 commissioner here. You may not know. So I will just
18 ask each commissioner to say who they are and any
19 other four word description if you want to go there.
20 Let's start off with David down here.

21 DR. COX: I am David Cox from Stanford

1 University and I am a human molecular geneticist.

2 DR. DUMAS: I am Rhetaugh Dumas from the
3 University of Michigan. I am a nurse and a Ph.D.
4 psychologist.

5 DR. MIIKE: Larry Miike, private citizen from
6 Hawaii, previously in health policy at National Labs.

7 DR. SCOTT-JONES: I am Diane Scott-Jones. I
8 am a professor of psychology at Temple University and
9 for this year I am an IPA at the National Science
10 Foundation.

11 DR. MURRAY: Tom Murray. I write on ethics
12 and am now president of the Hastings Center, formerly
13 a professor at Case Western Reserve University School
14 of Medicine.

15 DR. GREIDER: Carol Greider. I am a
16 professor at Johns Hopkins University in molecular
17 biology and genetics.

18 PROF. CAPRON: Alex Capron. I teach law and
19 medicine at the University of Southern California.

20 DR. SHAPIRO: Jim?

21 DR. CHILDRESS: Jim Childress. I teach

1 bioethics at the University of Virginia.

2 PROF. BACKLAR: Patricia Backlar, a research
3 associate professor of bioethics at Portland State
4 University and assistant director of the Center for
5 Ethics in Health Care at Oregon Health Sciences
6 University.

7 DR. LO: Bernard Lo, professor of medicine at
8 UCSF in San Francisco.

9 MR. OLDAKER: Bill Oldaker, the newest
10 member. I am a practicing attorney in Washington,
11 D.C., and I also own a -- founded a small biotech
12 company called Neurostem.

13 PROF. CHARO: I am Alta Charo. I am a
14 professor at the School of Law and in the History of
15 Medicine Department at the School of Medicine at the
16 University of Wisconsin.

17 DR. BRITO: I am Arturo Brito, University of
18 Miami School of Medicine and I am an assistant
19 professor there and a practicing pediatrician.

20 DR. CASSELL: Eric Cassell. I am at Cornell
21 and I am a physician who writes about ethical and

1 philosophical issues in medicine.

2 DR. SHAPIRO: Thank you.

3 Neal, welcome. It is a great pleasure.

4 Thank you very much for taking time to come speak to
5 us today.

6 Oh, Steve Holtzman is on the phone. Excuse
7 me. This is our colleague who is, I think, in
8 Cambridge.

9 Steve?

10 MR. HOLTZMAN: Hello. I am Steve Holtzman,
11 Chief Business Officer at Millennium Pharmaceuticals
12 and a disembodied voice.

13 (Laughter.)

14 REMARKS

15 THE HONORABLE NEAL F. LANE

16 ASSISTANT TO THE PRESIDENT FOR

17 SCIENCE AND TECHNOLOGY POLICY

18 EXECUTIVE OFFICE OF THE PRESIDENT

19 DR. LANE: Hi, Steve. I am glad you are with
20 us.

21 MR. HOLTZMAN: Thank you.

1 DR. LANE: I am glad you are all here today.
2 I am delighted to have a chance to meet you. I have
3 known about you in many ways from different
4 perspectives for a long time but I do not know all of
5 you personally and it is a great delight for me to be
6 here today.

7 I sort of envy Harold for his opportunity to
8 work with you because this is quite an extraordinary
9 group of individuals and professionals, and Americans,
10 and it has just got to be fun. I mean, as much -- as
11 hard as you work, I know that the discussions you have
12 must be incredibly interesting and I know from the
13 work that you have done, which is considerable, that
14 somehow you are able to do this in a way that is
15 efficient and actually moves forward and I know that
16 is a tribute to all of you but also to Harold's
17 leadership so we very much appreciate it.

18 Jack Gibbons, I know, my predecessor, did an
19 extraordinary job in the White House. He certainly
20 considered the establishment of NBAC one of his great
21 triumphs and he did many outstanding things as science

1 advisor in the White House but he certainly looks at
2 this particular accomplishment as a special one.

3 I think Jack opened the first meeting three
4 years ago and had a chance to speak with you about how
5 important these issues are and how much the President
6 was going to rely on and, now we look back, has relied
7 on the excellent advice he has gotten from you so we
8 really appreciate the commission's timely and very
9 important contributions to the national debate on what
10 are clearly some of the most controversial issues in
11 science policy that we face today and certainly your
12 work reflects well on the wisdom of establishing this
13 commission and we know you spent a lot of your time
14 and effort on it.

15 Twice the President has called upon you to
16 interrupt your deliberations and take up highly
17 charged questions that define the intersection of
18 science and ethics. What happens when scientific
19 breakthroughs challenge our views of nature and
20 humanity? The crux of the challenge is how we can
21 best square our newest technologies with our oldest

1 values, both cloning as was mentioned a few years ago
2 and stem cell research, both of which came during my
3 relatively short time in the White House, are really
4 good examples of how we have to look at our
5 fundamental values and make some very difficult
6 choices about how we proceed as a society.

7 So I want to express my personal appreciation
8 and certainly that of the President for the
9 sensitivity and for the scholarship and the wisdom
10 that you brought to your deliberations on both of
11 these topics, and the reports that you write are
12 fascinating as well. They are well-written. They are
13 interesting. They have considerable depth which will
14 make them last, I know -- their impact last well
15 beyond the immediate considerations of policy that
16 they receive in the White House.

17 When you take on such weighty issues you have
18 to accept in advance that probably not everyone is
19 going to embrace your conclusions in their entirety.
20 I do not know if that has been the case but I could
21 well imagine that it might be given the difficulty of

1 all these matters but I think it is a testament to
2 your hard work and Harold's leadership that you are
3 lauded for listening and for being especially
4 sensitive to the range of America's views and emotions
5 that accompany these thorny ethical issues that lie at
6 the nexus of humans and technology.

7 This commission has also submitted two other
8 reports to the President. It is really quite
9 incredible the work that you have done and the
10 products that have come out. I must say I am very --
11 I remain very impressed.

12 The two reports, Research Involving Persons
13 with Mental Disorders that May Affect Decision Making
14 Capacity and the second Research Involving Human
15 Biological Materials: Ethical Issues and Policy
16 Guidance, both of these reports make landmark
17 contributions to ongoing discussions regarding human
18 research subject protection. The capacity of the
19 report ably addresses a longstanding need for special
20 measures to protect a particularly vulnerable segment
21 of volunteers in a research enterprise, namely those

1 with conditions that may reduce their ability to make
2 informed decisions.

3 The Human Subjects Research Subcommittee of
4 the NSTC Committee in Science has now been tasked to
5 put together a set of policy options that are based on
6 the 21 recommendations of your human report and that
7 is our mechanism for getting your recommendations
8 translated into policy.

9 The Human Biological Materials Report is
10 significant in that it describes the terms under which
11 it would be ethically permissible to use the more than
12 300 million human tissue specimens that are currently
13 stored in various repositories throughout the country,
14 some of which have been in storage for 100 years.
15 Well, given the powerful genetic tools that might be
16 used to identify inherited traits, protecting the
17 privacy of the people from whom this tissue was
18 derived and their descendants is particularly
19 important. This report also provides an excellent
20 analysis of the question as to when the source of a
21 biological specimen should be considered to be

1 identifiable.

2 The President has just asked NBAC to continue
3 its work for the next two years. No good deed goes
4 unpunished in our business.

5 (Laughter.)

6 It makes it a really auspicious time for me
7 to have the opportunity to meet with you.

8 Instead of coming to you with another quick
9 turn around request -- I cannot, of course, promise
10 that that might not happen again.

11 (Laughter.)

12 I wish I could but at least that is not
13 happening today.

14 I ask you instead to recall the original
15 charge from the President to examine the current
16 federal system of human research subject protections.
17 Several recent events have drawn attention to what is
18 largely a decentralized system with great
19 responsibility placed on individual investigators and
20 their sponsoring institutions.

21 The Department of Health and Human Services,

1 and within that department, the NIH, have taken
2 several actions to strengthen their oversight
3 capability and forestall situations in which subjects
4 could potentially be harmed.

5 Other agencies have also made changes and
6 instituted policies and procedures that address their
7 role in overseeing human subject research. The
8 Department of Veteran Affairs is one example. The
9 Department of Justice is another and I know you are
10 going to have a look at what they are doing.

11 So while there has been increased attention
12 paid to this area I think it is increasingly clear
13 that a comprehensive examination is in order and I
14 would expect that such a study would include an
15 assessment of the adequacy of the current federal
16 system of protections, a review of the relevant
17 statutes and regulations with particular attention to
18 the effectiveness of the Common Rule and its
19 applicability to the full range of government
20 sponsored research activities involving human
21 subjects, and an examination of the strengths and the

1 weaknesses of the infrastructure responsible for
2 ensuring the entire system's integrity.

3 The most important component of this task is
4 to provide detailed recommendations for changes
5 necessary to ensure that our ethics are as good as our
6 science.

7 You are all aware that it took ten long years
8 to promulgate the Common Rule in 1991 and yet even at
9 that time it was agreed that additional work needed to
10 be done to provide adequate coverage for every
11 research subject, including special populations.

12 One of the driving forces behind NBAC's
13 establishment was the desire to accelerate progress
14 towards the goal of ensuring such coverage. The
15 Comprehensive Report that you will consider today
16 should be constructed so as to fulfill that desire.

17 You probably -- you will probably note that I
18 focused solely on federally sponsored research and not
19 research carried out with private funds. I understand
20 that NBAC has passed a resolution recommending that
21 human subject protections be extended to all research

1 subjects regardless of the source of funding and I
2 fully expect that the bulk, if not all of your
3 recommendations, will have equal relevance for
4 research carried out in the private sector and you
5 might want to make note of that in your report.

6 However, it is important to recognize that
7 the initial audience of your reports is the National
8 Science and Technology Council chaired by the
9 President and made up of those agencies, at least all
10 agencies, including those that are involved in human
11 subjects research.

12 These agencies then through the work of the
13 Council are well positioned to take immediate -- to
14 make immediate use of your recommendations through the
15 administrative actions in their respective program
16 areas. I have outlined sort of how that happens. We
17 get the recommendations from you and we put together a
18 working group. We translate your recommendations into
19 policy options and then those get considered at the
20 appropriate policy levels of the President's Council.

21 So it makes sense for you to focus most of

1 your energies on the advice that can be incorporated
2 into the government's ongoing efforts to enhance human
3 subjects protection.

4 When I sought Harold Shapiro's wise counsel
5 earlier this week, as I often do, we talked about this
6 proposal and I conveyed the strong sense of the
7 President and Secretary Shalala that human subject
8 protection is a critical element of our research
9 enterprise. The President has addressed this in the
10 past most notably in his commencement speech at Morgan
11 State University.

12 The Secretary is currently engaged in efforts
13 to bolster protections including, for example,
14 protecting medical records privacy. These and other
15 ongoing activities make this an opportune time for the
16 commission to take on what is admittedly a very
17 challenging task.

18 So, in conclusion, we are particularly
19 grateful to you not only for your four scholarly
20 valuable reports but also for the stimulating balanced
21 discourse that I commented on earlier, for involving

1 and educating the American public, extremely
2 important, and for undertaking this challenging
3 assignment even under somewhat constrained time
4 frames.

5 The President and his Administration, and the
6 American public look forward to receiving the fruits
7 of your labors and I look forward to getting to know
8 all of you better.

9 I apologize for my laryngitis and whatever it
10 was I caught on my most recent trip.

11 DR. SHAPIRO: Neal, thank you very much and
12 thank you very much for being here. I hope you have a
13 little time this morning. I do not know what your
14 schedule is because there may be questions. I know I
15 have questions but there may be questions from
16 commissioners as well so let me turn to the commission
17 itself to see what questions it may have regarding
18 what Neal said and perhaps something else that you
19 want to ask him.

20 Bernie?

21 DR. LO: First, I want to thank you for

1 coming and being with us today.

2 Your visit is very opportune in that as you
3 know we, as a commission, are also trying to think
4 about where to turn our efforts over the next two
5 years. And in addition to the report that -- I think
6 we just lost Steve.

7 (Laughter.)

8 DR. LO: In addition to the report on human
9 subjects -- protection of human subjects that you just
10 mentioned, we are also thinking of what other topics
11 might be appropriate for us to address. As we go back
12 to the original charter of NBAC, gene patenting was
13 specifically mentioned in that as one of the issues
14 that we should direct our attention to.

15 And keeping in mind our role as an advisor to
16 the Office of Science and Technology Policy it would
17 be helpful for us as we try and sort through our
18 priorities to get a sense from you whether some of the
19 issues we are considering particularly in gene
20 patenting ones are ones that you think might be of
21 particular importance for you and the OSTP.

1 DR. LANE: I think that there is no question
2 that the gene patenting issue is an important one and
3 I enjoyed the opportunity to kibbutz a little bit on
4 your discussion with Dr. Sagoff. I had a discussion
5 with a patent attorney yesterday on an airplane some
6 place about gene patenting and found that stimulating.

7 There is much about gene patenting I do not
8 know. I would say roughly everything about gene
9 patenting I do not know.

10 (Laughter.)

11 And so let me not try to pretend to
12 understand the subtleties and the nuances that we are
13 going to have to deal with but stepping back a little
14 bit it is my sense that in the whole area as we
15 unravel the human genome and start to understand its
16 structure in much more detail and the function and the
17 impact of multiplicity of genes in their complex
18 workings inside the human body and other animals,
19 there are going to be intellectual property issues
20 probably that we cannot anticipate. My sense would
21 be that -- or not easily anticipate. My sense would

1 be that the technology is simply going to allow us to
2 accelerate at a rate we now do not quite predict the
3 understanding of biological systems and when these
4 biological systems are human systems then all of these
5 hosts of ethical issues that you talk about are going
6 to come up.

7 And gene patenting can be viewed on one hand
8 as a perfectly straight forward issue of intellectual
9 property and how we do business in a society but when
10 it involves things having to do with humans,
11 especially human biology, then I think it has to be
12 dealt with in a manner that is consistent with the
13 values that we talked about earlier. So I -- as it --
14 as gene patenting raises these ethical issues it seems
15 to me entirely appropriate. It is an interesting an
16 area of study but entirely appropriate.

17 But here today what I am wanting to do is to
18 encourage you to pursue this comprehensive study
19 because it clearly is timely and of immediate
20 importance to informing policy.

21 DR. SHAPIRO: If I could just say, Neal, that

1 our current agenda has us spending quite a bit of time
2 in the short-term, that is the next months, three or
3 four months, on international issues which you are
4 aware of and we hope to complete that early.

5 And as Bernie said, we are now looking beyond
6 that and trying to think of what will fill up our
7 agenda for the next two years for the moment.

8 And even within the comprehensive report,
9 which it is loosely called -- looking at the human
10 subjects protection as a system, we will have to make
11 decisions as to what to include in that. There are
12 all kinds of issues that we could include. We talked
13 about some of them yesterday and so on. And so we are
14 just in the middle now of just sorting these
15 priorities out.

16 Alta?

17 PROF. CHARO: Dr. Lane, first let me echo Dr.
18 Lo's thanks for your coming to speak with us today.

19 You referred in your statement to President
20 Clinton's commencement address at Morgan State
21 University, which I remember well because I read it

1 in, I believe, it was Science magazine where it was
2 published as an article, and I was struck by the
3 President's statement that no American should be a
4 guinea pig in research without having informedly
5 volunteered. And the President did not caution those
6 remarks by saying, "No American in a federally funded
7 research trial," but simply said, "No American." It
8 was really very straight forward.

9 Given that the audience for our reports, as
10 you noted, is the NSTC but also given that the
11 President's interest seems to transcend the narrower
12 issue of federally funded research and that we,
13 ourselves, have agreed upon a resolution in favor of
14 the extension of the Common Rule to all Americans, I
15 did not -- I would very much enjoy hearing your
16 thoughts about the best way for us to help move this
17 topic forward constructively, whether it is through
18 specific reports, through hearings, through public
19 testimony, what mechanisms do you think would further
20 both our agenda and the President's on this topic?

21 DR. LANE: Well, all of the above, I think.

1 Of course, the reason the President made that
2 statement is because he believes what he says and, as
3 you note, in the policy statements he has made he has
4 always made it a point to say -- these are not his
5 words but, you know, even though I cannot direct the
6 private sector to do A, B or C, I strongly encourage
7 you to do that because it is right for the American
8 people.

9 I think these issues are -- do go well beyond
10 the Federal Government and what the Federal Government
11 does and that is one of the reasons I commented
12 earlier on how much the President appreciates your
13 public outreach because if the public -- if the
14 American public understand these issues well enough
15 then strictly from a marketing point of view the
16 companies are going to be very careful how they
17 proceed in these directions.

18 There are other controversial political
19 issues in which business I think has responded in a
20 way that is strongly influenced by public opinion. In
21 fact, generally I think that is true. It is just that

1 often the American people do not know enough about the
2 issues to be able to make their voice heard and I --
3 you know, the way our American society works, people's
4 voice is very, very important, and so I cannot think
5 of a better way to influence the private sector on
6 these difficult issues than to just make -- help the
7 American people understand what these issues are all
8 about.

9 This body can do that in a way that is very
10 hard for other bodies to do. It is hard to find a
11 group that tries to balance the obvious benefits of
12 medical research, for example, and just in general the
13 benefits to people that technology is going to deliver
14 -- science and technology are going to deliver with
15 our fundamental values.

16 And so it is extremely valuable to have that
17 kind of -- that kind of discussion and that sort of
18 deliberation carefully made available to the American
19 public. I do not know the best mechanisms for that
20 but I do believe that is one of your very important
21 roles.

1 PROF. CHARO: Thank you.

2 DR. SHAPIRO: Tom?

3 DR. MURRAY: I will join in the thanks, Dr.
4 Lane. Thank you for coming today.

5 Do you have any wisdom to share with us about
6 attention which we regularly experience, and you have
7 already seen some reflections of it even just this
8 morning, and that is between the two aspects of our
9 role. One is as a kind of educative body receiving --
10 in dialogue with the American public. And the second
11 is as a recommender of specific policy options or
12 interpretations to the White House.

13 We often try to serve both masters but it is
14 not always easy and, you know, where we devote our
15 efforts is -- between those two is sometimes a
16 difficult choice.

17 DR. LANE: That is a really hard -- I do not
18 have any wisdom on that very difficult challenge. I
19 would just say you have to be good and fortunately you
20 are. It is a very difficult task but let me do say
21 that the President very much is aware of that kind of

1 tension and that challenge for a group like this and
2 particularly appreciates thoughtful advice. My sense
3 is when we get recommendations from you, of course you
4 are making the best judgments and the best
5 recommendations given all of the information but you
6 also provide your advice in such a way that you think
7 it can be most useful if I might put it that way, most
8 effectively introduced into policy because otherwise
9 nothing gets done and that requires a considerable
10 amount of savvy about the way our system works and the
11 sensitivity to all of the issues and all the pressures
12 that bear. So I do not have no advice other than, you
13 know, go and do well as you have been doing.

14 DR. SHAPIRO: Thank you.

15 Other questions or comments from
16 commissioners?

17 On the issue, Neal, of the human subjects
18 protection and the request you put before us to
19 encourage us to proceed along the task we had in part
20 at least identified, we call it the Comprehensive
21 Report, and it is just a word which has not really --

1 it is a phrase I should say that we have not fully
2 filled in yet, that is just what characteristics it is
3 going to have, just what tasks it is going to take on,
4 but I understood you to be saying that you really
5 wanted or encouraged us at least to take a broader
6 look at the system of human subjects protection and
7 make some recommendations regarding its overall
8 structure and functioning, and that is very much in
9 line with the kind of thinking we, ourselves, have had
10 over the last number of months. A number of
11 commissioners here have recommended that and we will
12 certainly give that our very close attention almost
13 right away.

14 So if it is agreeable to you what we will do
15 -- what I would like the commission to do over the
16 next weeks is really give some more detailed thought
17 to exactly what we would do and over what time frame
18 and what we can deliver over different kinds of time
19 frames because that also may be relevant for your
20 considerations, and be able to give you and OSP some
21 feedback on that and perhaps even get some advice back

1 from you as to which of those you would find the most
2 useful.

3 David?

4 DR. COX: Yes. In that context of the
5 comprehensive human subjects, I -- this is a request
6 for wisdom again, Dr. Lane, so -- see we do not -- we
7 need -- you know, wise people all the time. I have
8 always found it personally quite remarkable that it
9 took ten years for the Common Rule to be embraced. To
10 this day I do not understand the complexities that led
11 to that lengthy time and certainly our society has
12 really changed just over the past few years in terms
13 of how we are thinking about protecting human
14 subjects.

15 So my question for you is do you think that
16 it is going to take another ten years if we come up
17 with these ideas and what are sort of the mechanisms,
18 what are the things that may have changed in terms of
19 being able to implement general recommendations?

20 DR. LANE: I do not have any real direct
21 knowledge of all the issues that determine the ten

1 year period. I think a lot has changed in society.
2 One thing I think that has changed is that the
3 American people really have seen the benefits of
4 research involving human subjects but at the same time
5 the American people have not so substantially changed
6 their system of values that that side of the equation
7 is any different and I actually do not see these as
8 two sides of an equation.

9 I mean, they all have to do with humans
10 individually and collectively but I would put it that
11 way in any case. So I think the answer is no, not ten
12 years. I sort of have to say that. I have to believe
13 that because that would not be good for our people.

14 Not commenting on the previous deliberation
15 because I was not there, I do not know, but my sense
16 is that based on what I have seen come out of your
17 deliberations, your recommendations, and the arguments
18 behind them I am quite optimistic that we will have
19 what we need to engage the right kind of discussion
20 and get this put in place in a much shorter period of
21 time.

1 I am hopeful that we would actually see
2 something in a -- I like your suggestion, Harold, of
3 let's iterate a little bit on this just to see what
4 from our perspective would be useful but it would sure
5 be good if we could kind of get this done in a year.
6 The clock is really ticking away and even if the clock
7 were not ticking away in a way you think I mean --

8 (Laughter.)

9 DR. LANE: -- these matters are so important
10 to the American people, especially given the rapid
11 pace at which medical research is advancing, the
12 knowledge and the technologies, that I just think we
13 sort of owe it to society to move along as quickly as
14 we can.

15 DR. SHAPIRO: Neal has to leave but there are
16 two commissioners whose hands have been up for a
17 little while, if they are very short questions I will
18 recognize Eric and Alex.

19 Eric?

20 DR. CASSELL: Dr. Lane, I also appreciate the
21 charge. I appreciate the charge. I think that that

1 is a help for us and it will move us forward in an
2 area that I think is -- will be a legacy of this
3 commission.

4 We have persistently in some still small
5 voice talked about education as part of our process.
6 Everything we do requires the education of the
7 American public because science policy is public
8 policy. So I am hoping that this stream of thought
9 that comes from here about educating the public is
10 sympathetically received and enters into the
11 consideration of education in general, that science
12 education about these issues is a centrally important
13 matter for the public and, therefore, for the
14 President.

15 DR. LANE: Let me just give a very short
16 response. I agree entirely and the other thing that
17 occurs to me is that when you leave the meeting you
18 all go to not totally different communities but you
19 cover quite a broad spectrum of society and the old
20 argument, you know, within six people you know
21 everybody in the world or whatever that argument is.

1 The impact that you can make taking the product of
2 your collective work and, to use a word, translating
3 it to one or another community because I suspect one
4 of you takes it back to your community and they say,
5 "Why in the world did you write it that way? You
6 know, I would have written it this way."

7 Well, it is because it is a collective work
8 but translating a very powerful set of recommendations
9 -- document and argument and a set of recommendations
10 to all these communities I think is just
11 extraordinarily powerful and I do not know what your
12 practice is but I know you talk with a lot of people
13 so I encourage that.

14 DR. SHAPIRO: The last question, Alex?

15 PROF. CAPRON: My question is in a way
16 related to the one that David Cox asked you but it is
17 different in this fashion: When a previous
18 presidential commission, which I had the privilege of
19 directing, came up with the recommendation that led to
20 the Common Rule in a report written in 1981, we were
21 hopeful that there would be change more swiftly than

1 there was. And this commission began with a
2 presentation by one of the people who was involved at
3 a staff level during that ten year period and my
4 perception of the deliberations we have had on a
5 number of points have been when we get to the human
6 subjects topic we feel constrained in making certain
7 kinds of fundamental recommendations and are instead
8 likely to say, well, let's try to get an
9 interpretation out of an office because to make a
10 change like this is just impossible. I do not believe
11 it is impossible.

12 I would like to take your comments here today
13 as the pledge from the National Science and Technology
14 Council and its chair that if recommendations are made
15 which substantively are agreeable that the process
16 will to the extent that direction from the top can
17 affect it move much more swiftly and that we ought not
18 to pull our punches on conclusions that we believe are
19 substantively justified because it cannot be done and
20 it is better to do a small thing that is do-able than
21 the big thing that needs to be done.

1 Is that the message I should take from your
2 comments today?

3 DR. LANE: Well, I mean, you can certainly
4 take from my comments a commitment to do whatever I
5 can to move this along. I work pretty closely with
6 all the parts of the National Science Technology
7 Council and these are issues the President definitely
8 cares about.

9 The only thing I would say to -- along with
10 that is that -- is to refer to the comment I made
11 earlier that the importance of delivering your
12 recommendations to us in such a way that you think
13 they can be most effectively used, I would not want to
14 understate that, these issues are of such sensitivity
15 that any lack of clarity or -- that raises then
16 concerns in the larger public that maybe are
17 unwarranted but then also make the difficult to move
18 policy along.

19 So I am for getting things done and given how
20 rapid -- how rapid the pace is of scientific and
21 technological change, advancement in these fields, I

1 just think that we cannot afford to wait a long time.

2 DR. SHAPIRO: I just want to say just one
3 word again of thank you. We very much appreciate you
4 taking time to be here today and as regards -- I do
5 want to also say a word about what Alex just raised.

6 It seemed to me that it would be not in our
7 interest or in anybody's interest for us to pull our
8 punches in any way. That is not our job. Our job is
9 to give you the best advice we can.

10 DR. LANE: Right.

11 DR. SHAPIRO: And then it is someone else's
12 job, which we will help with, to implement whatever
13 seems sensible to those that have to make those
14 decisions.

15 So thank you very, very much, Neal.

16 DR. LANE: Thank you.

17 DR. SHAPIRO: It was good to see you again.

18 DR. LANE: Thank everybody.

19 DR. SHAPIRO: Let me suggest a five minute
20 stretch here and then reassemble so let's try to get
21 back together about 9:30.

1 (Whereupon, a brief recess was taken at 9:23
2 a.m.)

3 PRIORITY SETTING FOR FUTURE PROJECTS

4 GENE PATENTING

5 DISCUSSION WITH COMMISSIONERS

6 DR. SHAPIRO: I would like to return to the
7 gene patenting issue just to see if there are other
8 comments or questions. Unfortunately, our guest is no
9 longer here and I feel badly that we had to sort of
10 cut that short at the time but that was necessary.

11 Are there any other comments, questions?

12 I should say that I, myself, particularly, I
13 guess, appreciated Alex's comment because I think the
14 issue of what we can offer here is really not so
15 straight forward on this very, very controversial
16 issue and just exactly what our contribution could be
17 here I have not been able to articulate very well in
18 my own mind actually and -- nor do I think Professor
19 Sagoff responded to that very -- particularly
20 effectively. There might be an answer but what are
21 the feelings here?

1 Alta?

2 PROF. CHARO: Well, you know, I know that on
3 e-mail I was one of the people who was writing
4 extensively about how we really cannot do much on the
5 policy level here. The one thing I heard that I had
6 not heard on e-mail that struck me as having some
7 potential was a comment that Tom had made, which was
8 that if there is a role here it might be focused and
9 limited to the use of this as a platform to gather and
10 reflect the very extensive literature that has already
11 been developed by people who oppose this on, you know,
12 religious or symbolic grounds and to explain not only
13 the nature of their objections but also to explain the
14 responses, many of which have been about the degree to
15 which there has been enormous misinterpretation of the
16 significance of patenting and its relationship to the
17 notions of property and ownership so that if we do
18 continue to consider this topic I would certainly be
19 open to exploring that very narrow kind of focus
20 within the topic as the one thing we might be able to
21 do that is helpful just broadcasting what is

1 admittedly not new but has not yet been diffused.

2 DR. SHAPIRO: I could hardly contain myself
3 at one stage when he was trying to express his views
4 of it to ask him if he had ever read what Karl Marx
5 had to say on property as theft.

6 (Laughter.)

7 DR. SHAPIRO: He actually gave a very good
8 paraphrase without knowing it, whatever you might
9 think of that source or that analysis.

10 (Laughter.)

11 DR. SHAPIRO: Bernie?

12 DR. LO: Yes. I think as we go through the
13 priority setting the rest of the morning, it seems to
14 me the questions I would like to try and answer are to
15 identify -- put things into one of three categories.
16 One where no matter how good a report it makes we
17 write, it is probably not going to make a whole lot of
18 difference. Things just are not going to happen
19 except maybe that we clarify issues and, thereby,
20 educate the public.

21 The second categories are topics -- would be

1 topics that something is going to happen regardless of
2 what we do so that something is in line, it is going
3 to happen, and the fact that we write a report is not
4 going to change that outcome.

5 I would think we should stay away from those
6 two topics if we can identify them and really focus on
7 the third category, which is where what we do really
8 makes a difference, that without us nothing would
9 happen and with us there is a good chance that
10 something significant will happen. And it really
11 seems that the comprehensive subjects report fits into
12 that third category very nicely.

13 And I think what I am struggling with is of
14 all these other fascinating intellectual topics that
15 pose a lot of policy dilemmas that we have talked
16 about over the last day, it is hard for me to see
17 which of those clearly fit in the category three. And
18 I think the more we can focus on sort of the potential
19 impact of our reports as part of our priority setting
20 I think it will be better.

21 We have tended, I think, to focus on the

1 intellectual excitement as a sort of nifty topic and
2 that is really a different question than what will
3 change on the basis of our report.

4 DR. SHAPIRO: Eric?

5 DR. CASSELL: I want to put the protection of
6 subjects front and center also. I think that that is
7 the -- that is of central importance. But I must say
8 I think that when -- when we listen carefully to what
9 is going on in the gene patenting and are able to
10 dissect it out and lay out what the problem really is
11 because when I hear this I do hear a lot of excitement
12 about it and also my interest would be -- there is
13 something going on and I do not understand it and I
14 think that that serves a purpose. I do not think it
15 should be our main focus and I do not think it would
16 occupy that much time but I would like to hear what
17 other people have to say about the subject to get a
18 better idea of whether we have something to offer it
19 or not.

20 I want to also always keep that human
21 subjects protection right in the center.

1 DR. SHAPIRO: Trish and then Alex, and then
2 Rhetaugh and David, and Tom.

3 PROF. BACKLAR: Who is going next?

4 DR. SHAPIRO: You.

5 PROF. BACKLAR: Oh.

6 I would like to add to what Alta just said.
7 I think if I understood what you said correctly, Alta,
8 and that is that I think it would be very useful if we
9 could write a sort of clarifying paper, not a brief
10 report and laying out the issues in gene patenting,
11 not the kind of full reports that we have been
12 writing.

13 I think that would be a very big service and
14 maybe fall into your category three of being a real
15 service to the public and also address Eric's concerns
16 about education and where we would lay out the
17 differences between ownership property, innovation,
18 the distinctions and so forth because I think people
19 are very confused about this.

20 DR. SHAPIRO: Alex?

21 PROF. CAPRON: It seems to me that a number

1 of the things that we have done and certainly that
2 past commissions have done have combined the two tasks
3 that Tom suggested are difficult to combine from the
4 very first report of the National Commission on Fetal
5 Research. A big part of what they did was to take a
6 topic that was extremely heated and showed the reality
7 behind some of the concerns and the unreality behind
8 other of the concerns.

9 But I do not think that a report in which
10 they had simply done that would be regarded as having
11 been a major contribution in the end. They had to go
12 on and then see what conclusions were drawn on the
13 policy side from that.

14 The same is true in the report on gene
15 splicing which the President's Commission wrote, which
16 had at its origin a statement by a group of clerics
17 that human genetic engineering was playing God and was
18 unacceptable, and came in the wake of the Chakrabarty
19 opinion and the National Science Advisor to the
20 President said this would be a topic which the
21 President's Commission should address, and a large

1 part of what it did there also was to address the
2 topic and take it apart.

3 Now in the process of both of those efforts
4 and in our own efforts it seems to me that we
5 sometimes draw on existing literature and I do not
6 think there is going to be anything we say clarifying
7 on this patent issue that has not been said before.

8 The value of it would be in saying it from
9 this body, which has access to national attention in a
10 way that a scholar by herself or himself does not and
11 in linking that then to what conclusions and
12 recommendations follow on the policy side.

13 So rather than seeing these as incompatible I
14 think these are best when yoked together so I would
15 not favor just a brief monograph in which we would say
16 this term has been used this way and that way, and the
17 better way to use the terms is that, thank you very
18 much.

19 I want to -- then I was trying to press
20 Professor Sagoff to say where does the real moral,
21 ethical issue arise here, and is not that rather than

1 arguing over the statutory interpretation of the
2 patent law where we would make a contribution?

3 As for the Comprehensive Report I just think
4 there is no question -- I mean, the real issue is how
5 much we can get done, how soon, and how comprehensive
6 we can be in this process and can we tie the parts
7 together in a way that has some appeal intellectually
8 so that they do hang together? But there is just no
9 question that this is a topic everybody thinks should
10 be addressed. It was in our original charter.

11 Dr. Lane has said again today, "Please do
12 it." That is the President telling us, "Please do
13 it." I think we had an invitation, thanks to Alta's
14 question, to him not to ignore the nonfederal side
15 when he says, "The President cannot command that."
16 No, but the Congress can. And clearly there could be
17 a policy recommendation that we would leave in the way
18 that Senator Glenn would have done had his bills gone
19 forward.

20 So I do not see an incompatibility. Bernie,
21 I guess, at the extremes I agree with your categories

1 but there are a lot of topics, including the patenting
2 one, which will get addressed by people. They will go
3 on getting addressed.

4 The question is not will someone else address
5 the topic. The question is are there elements of that
6 topic which we are in a good position to address in a
7 way which would move the debate and the policy
8 discussion.

9 I suspect that the new OPRR arrangements at
10 HHS will eventually -- could get a lot of the things
11 in the Comprehensive Report but we have a leverage
12 point now where we can perhaps accelerate that process
13 and we are deep into a lot of them.

14 I mean despite the despairing comments that
15 were made I guess when -- I am not sure the chair was
16 then when Kathy Hanna was making the despairing
17 comments at the last meeting about the state of our
18 data, which would be part of the building block there.
19 We still are deeply into it and I think we are sort of
20 up and running. I just do not think there is a
21 question so I would say let's get on with that and

1 then as quickly as possible identify our one or two
2 other topics.

3 DR. SHAPIRO: Thank you. I have a long list
4 of commissioners who want to speak. It is almost a
5 coextensive of the people sitting around the table.
6 They will just be getting on the list. I will just go
7 by the list as I have written them down.

8 Jim, you are next.

9 DR. CHILDRESS: I do not think I really have
10 a lot to add. I very much agree with the view and it
11 seems to me part of our original concern from day one
12 that we really get on with the Comprehensive Report
13 and we obviously had some abortive actions along the
14 way and failures to realize the kind of goal we had
15 set out for ourselves in even discharging what was
16 expected of us pretty early on. So I hope that we can
17 really do it now and do it well and I guess I am
18 encouraged as we think about our several projects,
19 though I do not want to be overly optimistic or
20 expansive here, but it seems to me that the staff is
21 in a position right now to be able to -- in the way we

1 are set up to be able to move forward with some of
2 these things much better than we were in our early
3 days. So I am -- I urge us to move forward with it.
4 I am quite hopeful that we can really accomplish
5 something important there.

6 I think the gene patenting could be done in
7 ways that Alex suggested and it certainly may be
8 worthwhile for us to move forward and see if we can
9 get an appropriate contract paper to -- that would
10 flush stuff out. We may decide after getting those
11 materials that, no, it is not worth doing but I guess
12 what I am hopeful is that we are at a point as a
13 commission that a lot of things can be done by
14 contract papers as I think they have been done very
15 well on the international level so that we can spend
16 our time then thinking about, well, is this really
17 something that we want to go forward with and provide
18 the kinds of ideas that might help it go forward if we
19 decide to go that way, and what kinds of
20 recommendations might follow.

21 DR. SHAPIRO: Rhetaugh?

1 DR. DUMAS: I think that I would like to see
2 us try to ferret out what would be the moral and
3 ethical issues surrounding this gene patenting but I
4 was wondering whether or not that could be handled
5 within the broader context of the Comprehensive Report
6 that we are planning to do. So it seems to me that
7 there are a number of implications for human subjects
8 protection, rights of people and what have you about
9 property that could be incorporated in that broader
10 report.

11 I do not think we should ignore it.

12 DR. SHAPIRO: Tom?

13 DR. MURRAY: Right. I do not hear any
14 dissent about the priority to be accorded the
15 Comprehensive Report and the protection of human
16 subjects so I am not going to add anything to that
17 since there seems to be no dissent on that.

18 I want to talk about gene patenting and repro
19 tech briefly. That has not -- reproductive
20 technologies has not come up again this morning.

21 My question to Neal Lane about the tension

1 between the two was not to indicate that they were
2 either/or's but to indicate that, you know, how we
3 come out on how to deal with that tension will
4 determine both what subjects we choose to study and
5 the kind of reports that we do.

6 Gene patenting is probably, I suspect, on the
7 more educative side of the line rather than the side
8 that requires a kind of immediate policy intervention.

9 Because it is an issue that simply has not
10 died -- this is an issue that every time it comes up
11 there seems to be a great deal of public apprehension
12 and I see ourselves as in a way the -- kind of the
13 voice of the public within the federal policy -- a
14 voice of the public certainly within the White House
15 on science and technology issues.

16 It is an area -- it is a question -- gene
17 patenting as a question has incredible economic
18 interests behind it. It has tremendous economic
19 consequences for the United States. A failure to
20 communicate well to the American public the basis for
21 gene patenting and whatever limits we might think are

1 appropriate on gene patents makes it unstable. I
2 mean, that is if there is not good public
3 understanding and good public support behind it we
4 have a potentially unstable situation which could, in
5 fact, be threatening to American interests of all
6 sorts so I think even if we do our report maybe
7 primarily educative there with some perhaps advice for
8 policy I think it may well be worth doing.

9 With that said, we might also provide some,
10 you know -- our -- if we can reach some clarity about
11 some of the moral underpinnings and I agree that ought
12 to be our focus, that might influence the patent
13 office and that might influence legislators in
14 clarifying patent law so I would be in favor of doing
15 it. That is number one.

16 Number -- quickly on reproductive
17 technologies -- telephone, Lori.

18 DR. SHAPIRO: That is Steve.

19 DR. MURRAY: That is Steve, yes.

20 Lori Knowles -- Lori Knowles. Lori Knowles
21 works for me and she is -- now she works for the

1 commission.

2 Lori Andrews gave a wonderful talk yesterday
3 and I would urge us to try to create room in our
4 agenda to begin to look at the issues of reproductive
5 technologies.

6 DR. SHAPIRO: David?

7 DR. COX: Yes. So I would very much like to
8 support Rhetaugh's concept and I think it fit into
9 something that Bernie said, too. Let's do the things
10 that we can have really an impact on but then point
11 out how all of these really hot, you know, flavors of
12 the day topics fit into what our primary agenda is,
13 which is human subjects.

14 And, Tom, I would suggest that that could be
15 precisely -- would fit in with the reproductive
16 technologies. I was struck by Lori's articulate
17 presentation yesterday about how much the issues
18 really are those of human subjects protection in
19 defining what research is on human subjects and that
20 it has broader implications than just reproductive
21 technologies. That could be an example of a broader

1 issue that we would deal in terms of dealing with
2 human subjects and defining what research is.

3 So the -- I think that this is a really nice
4 way. We can stay focused on the human subjects but
5 bring as examples these other things.

6 Now in my view where does patenting fit into
7 that and it does not because the -- for the -- I think
8 the point that Alex was trying to get at, which is
9 where -- what is the major ethical -- you know,
10 fundamental ethical things that we deal with in this,
11 I am having a hard time finding it and -- but I do
12 believe this is an important problem but it is an
13 important problem with respect to how business is done
14 in this country and I do not see it at so much an
15 important problem about the ethics.

16 I do see that there is this issue about
17 creation and I do see that as a point but the -- I
18 have a hard time seeing how that is going to fit into
19 our human subjects so by sticking with the concept of
20 let's look fundamentally at how we do research on
21 human subjects I have no problem of seeing how the

1 reproductive technologies would be like down home
2 plate on that but the patenting I have a harder time
3 with.

4 DR. SHAPIRO: Larry?

5 DR. MIIKE: Being the practical one here, we
6 are already under pressure to extend and move even
7 further along on the international project. We just
8 got a charge that it would be very good if our
9 Comprehensive Project is done within the year and I
10 take that to mean not that we deliberate on December
11 31st but that we deliberate about October so there is
12 time to do something about it by the end of the
13 calendar year and that leaves very little room for
14 anything else.

15 I do not want -- I think that we are going
16 into the comprehensive project with a fairly defined
17 definition of what we mean by human subjects with the
18 emphasis on human subjects protection and not on
19 comprehensive, not to be comprehensive to include all
20 kinds of other tangentially related things.

21 I, for one, do not know what we can

1 contribute to the gene patenting debate and it is nice
2 to hear about various views on it but I -- for the
3 life of me I cannot think of what we can contribute to
4 the dialogue. We have not even begun to discuss
5 priorities and we have already gene patenting and the
6 reproductive technologies but as you know from our e-
7 mail both Alex and I have raised another one which I
8 hope we have time to discuss and which I think fits
9 directly into our charge, which is anticipatory of the
10 kinds of very specific issues that keep arising on a
11 monthly basis.

12 I am basically talking for want of a better
13 word about all the forthcoming technologies that
14 combine human with nonhuman materials and I think that
15 there is nobody out there that can lay out an ethical
16 pathway that one takes a look at these things that are
17 -- when another one of these specific technologies
18 come along that there would be a document to turn to
19 for a laid out ethical path to look at these kinds of
20 things.

21 So I think that we are going to have our

1 hands full just finishing the international project on
2 the comprehensive human subjects project. I would
3 like us to take a look at reproductive technologies
4 but I think the one that I just mentioned from my side
5 is a more direct -- of more direct relevance to our
6 charge to take a bigger look at ethical issues and I
7 do not think we can afford to do more than one or two
8 other than the comprehensive and the international
9 project in the immediate time frame of a year or so.

10 DR. SHAPIRO: I think Larry has introduced
11 some really very important issues and I was really
12 waiting for this discussion to go on before I raised
13 the issue of priorities and what it is we can fit in
14 given our resource constraints and I think that I
15 agree pretty much with what Larry has said, that is we
16 better be sure we understand what the requirements are
17 of the two projects which we are, in my view,
18 committed to, that is the international and now this
19 comprehensive one.

20 We may be able within the Comprehensive
21 Report to include some other things depending on how

1 -- that has to be thought out more carefully. Perhaps
2 something about repro tech or something. I do not
3 know. We would have to think it out carefully. And
4 perhaps the human/nonhuman issues that keep coming up
5 in which part of our e-mail discussions was quite
6 active might also be a part of that. That requires
7 some very detailed thinking and planning and working
8 on, which we have to do over the next few weeks.

9 On the issue of one year from now, that is
10 what we will be able to deliver October 1, that also
11 needs some careful, careful thought. We will have to
12 work out quite carefully, which is why I told Dr. Lane
13 that we need to continue our discussions on this to
14 find out what is reasonable to deliver by October 1
15 and what might come February 1, for example, and I am
16 not clear in my mind what that is yet. We will
17 have to decide that but we do have to limit our
18 appetite here somewhat, which I think is what Larry is
19 -- one of the things Larry is suggesting.

20 The other thing Larry suggested is that
21 really if you had to think about some other topics

1 that he, himself -- you know, gene patenting does not
2 seem so high to him if I understood you correctly, and
3 other things may be more important but I would be
4 interested in other people's views of these matters.

5 DR. MURRAY: Just a question really of
6 clarification.

7 DR. SHAPIRO: Yes?

8 DR. MURRAY: The Executive Order that founded
9 the commission included gene patenting as one of the
10 things we were specifically requested to --

11 DR. SHAPIRO: Right.

12 DR. MURRAY: -- study. I do not know if that
13 Executive Order has been supplanted by something else
14 or whether we should regard that -- that is one reason
15 why -- I mean I think we were instructed to look at it
16 and that -- to me, that counts for something. But if,
17 in fact, it has been supplanted or outmoded by some
18 later documents or other developments that would
19 affect my own view of what priority --

20 DR. SHAPIRO: I think what I could say about
21 that -- I do not know whether -- I cannot really say

1 it has been formally supplanted but I do know what
2 they think is most important right now. It was pretty
3 clear from what we heard this morning. But to say
4 that it is formally supplanted I could not say that.
5 I could not say that.

6 Alta, and then Bernie.

7 DR. CASSELL: It is dated two days ago.

8 PROF. CHARO: I absolutely agree with the
9 notion of prioritization and with the clear idea that
10 the human subjects field is the first priority. I
11 think I sense some hunger occasionally on the part of
12 commissioners and more often on the part of people who
13 tell us what we should be doing for something that
14 transcends obvious linkages to particular policy
15 recommendations. Something that is more abstract,
16 something that is more noble, something that is more
17 profound and thematic.

18 And in the area of gene patenting I feel like
19 I sense one expression of a thematic hunger and it may
20 be that it is what links some of the reactions to a
21 variety of technologies ranging from cloning to

1 genetic screening to patenting of genes and it is the
2 notion of playing God. It comes up here in the
3 language of creation. It comes up in other contexts
4 that we have heard.

5 I feel like what is linking some of these
6 issues for people is the idea that there is a change
7 in the relationship that is perceived as appropriate
8 between what we do, both in terms of physical
9 manipulations and in terms of commercial applications,
10 and what is best left to forces that are beyond
11 definition. And I feel like we even could take that
12 theme and we could actually understand what happens
13 within it.

14 For example, there are -- in the area of gene
15 patenting I think there are fundamental
16 misconstructions of what it means to patent something
17 in terms of its implications for asserting that you
18 created or intellectually authored as well as
19 misconstructions of the concepts of owning property.

20 I think another area is there are generally
21 different views. In the area of genetic screening

1 some people have an image of God as somebody who
2 determines fate so that genetic screening and choice
3 by humans is playing God whereas for other people --
4 Mangus Dewark (?) has a wonderful novel in point --
5 playing God means actually leaving things to chance in
6 which case genetic screening and determinations is
7 playing humans as opposed to playing God.

8 In other cases there are different views on
9 what man's role should be and I think the cloning
10 hearings with the religious views about the role of
11 humanity as partners versus as kind of accepting
12 limitations was profound on that point.

13 I do not think we are well situated to write
14 something on this because I think authorship by a kind
15 of collection of staff and 18 editors for a document
16 that attempts something of this kind of intellectual
17 subtlety is unlikely to be successful.

18 I do hope that we can consider whether there
19 are ways to look at this outside of a report context
20 that may satisfy this hunger in a less resource
21 demanding fashion to sponsor some process by which

1 people who are interested in this and are thoughtful
2 about this actually prepare a collection of papers or
3 presentations and to help facilitate that discussion
4 may be an appropriate role for a national body even
5 when a report is not.

6 On the other hand in terms of actual
7 priorities even given the comprehensive report, to the
8 extent that there are further priorities down the line
9 that are kept on the list, in addition to Larry's, I
10 would like to once again tout the notion that the
11 issue of the body as property is one that has enormous
12 real policy implications and it cuts across multiple
13 issues, whether it is genes and patenting or the sale
14 of -- sale and use of tissue or it is the sale of
15 organs or it is financial incentives for organs, and
16 not only organs but also for other kinds of body
17 tissue that, in fact, now exist in a kind of mixed
18 nonprofit and for profit world like tendons and bone,
19 et cetera.

20 This is something, I think, that is an
21 underlying area of legal confusion that has profound

1 market implications nationally and internationally,
2 and I would like to make sure that it stays on the
3 list as a potential actual report topic.

4 DR. SHAPIRO: Thank you.

5 Carol and Diane?

6 DR. GREIDER: I just wanted to respond
7 briefly to the issue of the gene patenting. I
8 absolutely agree that we need to stay focused at least
9 in the short term to reports that we are, as you said,
10 probably committed to.

11 When I came here, having read the background
12 material on the gene patenting, I thought that this
13 was really going to be a useful thing and something
14 that we clearly would be doing as a topic. And I was
15 enthusiastic about that in part because I understand
16 what genes are and so I thought I could actually
17 understand this report.

18 But having heard the discussion this morning
19 I had a hard time finding where the ethical issue was
20 that we would be addressing here and I think some of
21 the other commissioners have said this as well. And

1 so I am willing to be convinced by other commissioners
2 but at this point I do not really feel like that would
3 be a productive use of our time because it sounds to
4 me like it is a legal technical business issue in
5 heart and that the component of it which -- of it
6 which is a bioethical issue is a very small component.

7 DR. SHAPIRO: Diane, and then Bill?

8 DR. SCOTT-JONES: The question that I had has
9 already been asked by Tom but I do not think it was
10 really answered so I will ask it again. In thinking
11 about the issue of gene patenting I was just wondering
12 whether we are bound by our initial charge because it
13 is repeated in the Federal Register October 8th. Are
14 we bound by that to consider gene patenting?

15 DR. SHAPIRO: Well, Rachel? I have not an
16 answer myself. Rachel, do you want to --

17 DR. LEVINSON: There were reasons at the time
18 that the Executive Order was written that made that a
19 concern. The issue itself since that time, and that
20 has been really several years now, has evolved to the
21 point that there are, I guess, two questions. It

1 needs to be separated into two questions. What is
2 patentable and what ought to be patented?

3 And on the issue of what is patentable there
4 has been a considerable body of case law that has
5 developed as well as discussion focused by the Patent
6 and Trademark Office. They are in the process of
7 preparing written guidelines for applicants and for
8 patent examiners so that that will be clarified and
9 that will be clarified, I hope, in a very short period
10 of time.

11 On the issue of what ought to be patented,
12 that has evolved also but the focus right now -- and
13 it has come to a point where that is really more of a
14 business issue, a business strategy issue, a market
15 driven issue. So I think that if you were to look at
16 it and come to that conclusion that would be
17 sufficient in discharging that responsibility that was
18 in the Executive Order.

19 And the Federal Register notice and the new
20 charter pick that up only because it picks up all of
21 that language verbatim from the original Executive

1 Order.

2 DR. SHAPIRO: Bill?

3 MR. OLDAKER: The issue of patenting genes, I
4 think, is a legal question and I think that, as others
5 have said, it is difficult to discern where the actual
6 ethical line is. I think they are probably correct.

7 I think that -- if I understand where the
8 national science advisor to the President wants to go
9 in listening to him talk about several cases is the
10 broader implications of dealing with the human genome
11 and genes and what is done with the information once
12 it is obtained and what impact that that will have.

13 The questions -- and I think patenting of
14 genes has a certain subset in that but it -- at least
15 in my mind the real ethical issue is once we move into
16 this brave new world, which we keep hearing we are
17 just about ready to embark upon where you basically
18 can get a print out -- take a drop of blood and get a
19 printout of your human genome -- what are the impacts
20 of that and how should that be used? Should that be
21 -- should insurance companies be able to use that to

1 make determinations? Should they not? I mean it is
2 in some ways a privacy issue. It is in some ways an
3 intellectual property issue as to how do you compare
4 if it is masses of data that are going to be out
5 there.

6 And I think, you know -- I think that along
7 with having that as kind of a subset -- and that is
8 how I kind of read Donna Shalala's memo of the 20th,
9 too, is a way to frame the charge and I think if the
10 charge were framed that way there are innumerable
11 ethical parts to be dealt with and a number of social
12 policy issues which, you know, the country has not
13 even thought to come to grips with but I could see how
14 they could become enormous political issues. You
15 know, are insurance companies going to be able to look
16 and say that you have a high propensity to have breast
17 cancer, testicular cancer, is that information going
18 to be in the public domain or should it not be? Can
19 people just go by and take a bit of your body parts
20 and saliva and then go run your human genome? And,
21 you know, what rights do you have? What property

1 rights, if any, in that? You know, so I think that is
2 true.

3 And then I think the whole question which I
4 think that -- the ethical part of the patent side is I
5 think what we are going to see is that a number of
6 genes are quite unique and although it is a very small
7 percentage of genes that really differentiate various
8 species and human beings that we are going to find a
9 number of unique genes, you know, hundreds, if not
10 thousands, between each individual and, you know,
11 right now theoretically those would be patentable.

12 Is that what we want to say? That all of the
13 patenting right now has been basically on -- I think
14 on the ability to use those genes for a short period
15 of time. I do not -- I have no idea. I do not think
16 anyone has ever contemplated those issues so I think a
17 lot of it depends on how you frame it.

18 If it is just we want to look at gene
19 patenting and how the patent departments handle that I
20 think that is -- there are not many ethical issues
21 there.

1 DR. SHAPIRO: Thank you.

2 Eric?

3 DR. CASSELL: Well, just briefly. I think
4 that we have seen a number of areas in medicine, for
5 example, where something that was in the moral realm
6 in relationship between physician and patient moved
7 into the marketplace. The issue in gene patenting is
8 -- the moral issue is, is it a business and legal
9 issue or is it, in fact, something that belongs by
10 inheritance to humans in general, and that is the
11 question. It was settled one way in the past from
12 what I heard this morning and it is now settled
13 another way now. And that is not because some
14 brilliant legal minds suddenly decided it is this now
15 and it was that before. It is because there has been
16 a change in the position of the moral and that is all
17 right. I am not making this as an argument for
18 pushing it way ahead of anything else. I just want to
19 point out that the moral issue is there, make no
20 mistake about it.

21 DR. SHAPIRO: Bernie?

1 DR. LO: I want to try and get back to a more
2 pragmatic level that we were at a while ago. It seems
3 to me we have some constraints and some opportunities.
4 One of the things that struck me as Dr. Lane talked is
5 that being a presidential commission we really have
6 sort of an opportunity to impact through our
7 recommendations to him to the council and to the
8 President in ways that other groups do not.

9 I would really like to sort of try and take
10 advantage of that and I guess it seems to me given his
11 commitment and I think the President commitment to
12 human subjects that that ought to be sort of not just
13 something we are committed to doing but sort of a rush
14 top priority because it seems to me given all that is
15 going to happen in the next two years the sooner we
16 can get a report the more time they have to act upon
17 it and I guess I have a sense of urgency that here is
18 a real opportunity to finish the job that, you know,
19 Alex, your commission really started a long time ago,
20 and to try and take another crack at getting something
21 done without ten years elapsing.

1 So I guess I am concerned that as we talk
2 about four projects, is that really too much for us to
3 handle and maybe we should just say let's do the
4 international one because it is well under way, let's
5 really throw our attention to this comprehensive human
6 subjects protection, really gear up, really do it, and
7 then if we have time left over there are these very
8 interesting topics that we can come back to later.

9 I am also very concerned about constraints.
10 I guess, you know, we are really allocating the scarce
11 resources of time and staffing. I guess I would like
12 a sense from you, Eric, as to are we stretching the
13 staff too thin trying to do the international report,
14 trying to get geared up to the human subjects, big,
15 big report, and also doing these backgrounders and
16 sort of on three or four different projects. That is
17 a lot of people going in different directions.

18 I guess I am concerned that maybe we should
19 just be focused at least for the short term on your --
20 all your staff effort on really getting this human
21 subject protection clarified, a work plan, check it

1 out with the Executive Branch, and really sort of jump
2 into it. I mean this is -- we have talked about it
3 but we -- and, you know, this is a good start but we
4 really have an awful lot of work to do and I would
5 really like -- I mean, I think all of us sense that it
6 is not just something we were asked to do it, it is
7 something we care about. It needs to be done and, you
8 know, I would hate to sort of tackle a third or fourth
9 report at the expense of this report.

10 DR. MESLIN: From the staff side, our hope is
11 that we have the ability to complete the international
12 project by the early spring. The schedule that Alice
13 and Ruth have laid out, I think, is a very well
14 organized schedule that will get drafts of that
15 report, you know, in the coming months.

16 My sense on the staff side is, as you have
17 seen, we have been reorganizing our staff and we still
18 have a number of slots that we can still fill. My
19 view is that we should be able to complete the
20 international project undisturbed along the same path
21 that we have and that we can begin a process of both

1 planning for and initiating the conduct of components
2 of this comprehensive report immediately. Some of
3 those can be done with outside folks and some of those
4 can be done with people that we still intend to
5 recruit but I would just remind the commission that we
6 need input from you as to what are the priorities.

7 The proposal that we put on the table for
8 some immediate response on what federal agencies have
9 done and continue to do, whether there can be a Common
10 Rule project standing alone or in concert with an IRB
11 project, this is entirely within our capability at
12 this point.

13 Could it all be done one year from today?
14 No, probably not.

15 Could good portions of it be done in pieces
16 over the next eight, ten, twelve, fourteen months?
17 Absolutely. Part of it is a scope issue but, yes, we
18 have the ability to expand our staff as needed up to
19 certain budget constraints and other priorities.

20 DR. LO: If I could just follow up. If we
21 also start to explore a third report or a fourth

1 report, even the extent of doing these background
2 papers, to what extent is that a trade off with our
3 ability to do the comprehensive report?

4 DR. MESLIN: I do not think that the -- we
5 had planned for preparing background papers. We
6 stopped commissioning or hiring staff to do background
7 papers after we hired Stu and Andrea. They are
8 members of the research staff. Their tasks are not
9 limited only to those background papers. That is why
10 they are here, to principally get those on the table
11 for you by about December. That is their -- that is
12 their schedule to have thorough background papers by
13 about the December meeting. If not, then the January
14 meeting.

15 If you wished other background papers we
16 would have to appoint or identify other people to do
17 those because that would be stretching the staff.

18 DR. SHAPIRO: Well, Bernie, I have a really
19 pretty clear idea in my own mind that relates to your
20 question and it seems to me that in the short run,
21 meaning next month, until we meet next time, that we

1 ought to use whatever resources we have to do two
2 things. Bring the international report along as fast
3 as we can and, two, to clarify, plan and initiate
4 activities dealing with the comprehensive report. And
5 until I am satisfied that we have our hands around
6 that and that we have a plan that feels good to us and
7 that feels, yes, if we can do this, this is something
8 we can be proud of, I would be very wary of getting --
9 of using resources for anything else.

10 Now part of that clarification and planning
11 involves things that have been suggested around this
12 table and whether they will be put in the plan in the
13 end or not I do not know, whether it is Larry's
14 suggestion that really certain kinds of important
15 issues fit into human subjects protection and ought to
16 be part of that, that is entirely possible.

17 But it seems to me that if we do not come
18 back to the December meeting with a really -- as well
19 worked out plan as we can develop with -- give us
20 enough confidence that we can really deliver this in a
21 timely way and whether it is reports one, two and

1 three or just one grand report four or whatever it is,
2 I would feel very, very uncomfortable. I think all of
3 these other issues are -- as many have said --
4 extremely interesting and I hope that when we come to
5 the December meeting it may even be true that we feel
6 comfortable moving in some other directions at least
7 whether it is for something of the kind that Alta
8 suggested or other suggestions here regarding how we
9 might have documents or products that are not reports
10 in the full sense of the word.

11 They are all worth very careful consideration
12 but I am very worried about in the short-term getting
13 distracted here. This is going to be -- we have a lot
14 of work to do to get a plan which really feels good
15 and say, oh, yes, that is the plan we want and let's
16 get on. That is no mean task and, you know, we have
17 been at this a while, that is true, but we have not
18 really focused our efforts in some sustained way.

19 In my own view this includes things which we
20 have touched upon over and over again. How well are
21 the federal agencies doing? We just absolutely must

1 complete that if we want to take this report seriously
2 it seems to me.

3 IRB, how are the IRB's functioning? How
4 should they function? How should they be held
5 accountable? Should we go to accreditation? Should
6 we go to audit? Should we go to some -- I mean, I do
7 not know. I am not trying to write the report now.
8 It seems to me an absolutely essential part of that.

9 The Common Rule, is its scope and impact
10 sufficient and where -- and I mean I think we know
11 some of the reasons why it took ten years. It was not
12 all bureaucratic delays although bureaucratic delays
13 were part of it. In some part it is because it fits
14 well for some huge part of this and it does not fit
15 very well for other parts of the human subjects. We
16 know that now and it would have been very hard to
17 anticipate that before. We know that now so I think
18 all these things have just got a formal part.

19 Now you just began articulating these and I
20 have not given you the full list by any means. The
21 breadth of what we are calling upon ourselves to do or

1 are being called upon to do is really quite
2 substantial and so my proposal would be that in the
3 short-run, that is between now and the next meeting,
4 that we really focus our resources on those two
5 programs and particularly on bringing here a credible
6 and satisfactory plan for how we will proceed.

7 Now that may help us and then we will say,
8 "Gosh, this is so overwhelming, we better not do one
9 other thing" but we may say, "Gosh, we can do this in
10 seven months. Let's start thinking about A, B and C."
11 And so that is my own sense of where we should be
12 going now.

13 DR. LO: If I could just follow-up? I think
14 that is really right on target and I would actually
15 suggest that for the rest of the time we have at this
16 meeting we kind of table the priorities discussion
17 really to look at the proposal --

18 DR. SHAPIRO: That is what I am going to be
19 turning to in a few minutes.

20 DR. LO: -- to really give you some --

21 DR. SHAPIRO: Alta?

1 PROF. CHARO: And actually, well, in some
2 ways it is kind of the thing because first I was never
3 suggesting that any of these other things that --

4 DR. SHAPIRO: I understand. No, I do not
5 think anyone --

6 PROF. CHARO: You know, we have had so many
7 different outlines for the so-called comprehensive
8 project. It must be at least a dozen. We have had so
9 many background documents of one sort or another. I
10 actually personally feel ready to take it down to the
11 lesson of our Capacity Report and from the discussion
12 yesterday on international, would it be so terrible to
13 have a stab at actually writing up some findings and
14 recommendations and then focusing the discussion and
15 debate around them?

16 It is remarkable how that has forced
17 everybody to hone in, in the past.

18 DR. SHAPIRO: I think the strategies we use
19 to get from here to there are still an open issue and
20 that is helpful.

21 PROF. CHARO: It is just the idea of trying

1 to once again outline and -- we could write a book
2 about the human subjects protection system in the
3 United States and yet 60 percent of what is in there
4 may not be turn out to be directly pertinent to what
5 we ultimately say and starting with findings and
6 recommendations may help us to limit the scope of what
7 is written to a manageable size.

8 DR. SHAPIRO: I think that is possible.

9 Larry, and then Alex.

10 DR. MIIKE: For the next meeting I agree
11 totally with that but I would add one other thing, and
12 this would put the burden on the commissioners who
13 really want some other studies done. I would suggest
14 that the commissioners who are thinking of other
15 projects, such as myself and Tom, I think, write up
16 what they think the project should be and very short.
17 Very short. Sort of like what Stu wrote about gene
18 patent, one or two pages. And if you want to take a
19 crack at it, try to estimate what -- how much
20 resources you would need to do it. And I think that
21 if we shared that by e-mail and other people are

1 interested they could tag on and expand on the idea.

2 But I think that would take the burden off
3 the staff and instead of us coming here and trying to
4 discuss de novo each of these projects that we want to
5 push we would have a better idea of that and we could
6 set aside maybe an hour at the next December meeting
7 to discuss that.

8 DR. SHAPIRO: No. I would be glad to do
9 that. It is a useful suggestion.

10 Alex? I think you are on my list. Are you
11 still --

12 PROF. CAPRON: I wanted to make the point
13 that you have made and Bernie, I think we should get
14 on with trying to figure out today what we are going
15 to do on the comprehensive report. I think we ought
16 to also stop referring to it as the comprehensive
17 report.

18 DR. SHAPIRO: Yes, that is a good idea.

19 (Laughter.)

20 PROF. CAPRON: It is the human subjects
21 umbrella.

1 (Laughter.)

2 PROF. CHARO: Microphone, Alex. Microphone.

3 PROF. CAPRON: In all likelihood there are
4 going to be several reports in this area and it is
5 really under the umbrella of human subjects
6 protections that we are talking about.

7 DR. SHAPIRO: If you could figure out a good
8 acronym of one kind or another. It does not occur to
9 me right away. There are not enough vowels in this
10 subject.

11 Why don't we turn, as Alta has pointed out,
12 to the latest proposal that you received.

13 Eric, do you want to just describe that and
14 take us through that and see what kind of reaction we
15 get from commissioners?

16 COMPREHENSIVE PROJECT ON HUMAN SUBJECTS PROTECTIONS

17 DISCUSSION OF PROPOSED PROJECT

18 DR. MESLIN: As commissioners know, there
19 have been a number of versions of proposals for how to
20 deal with this. At the September meeting where only a
21 few of you were in attendance due to the hurricane,

1 Jonathan Moreno and I put on the table a document
2 which was essentially a proposal for NBAC producing a
3 number of status reports on the system of human
4 subjects protections in various forms.

5 There was some feeling about the value of
6 that, that it was of some value but not the best use
7 of time, and it evolved into this proposal before you
8 which can be seen in a couple of ways. I will just
9 briefly outline the three components to this proposal.

10 The first component is to return to and make
11 use of information gathered over the past couple of
12 years on the extent to which the Common Rule is being
13 understood and implemented by federal agencies. Just
14 so that you are clear, for those who were not at the
15 meeting, there was some discussion about what we have
16 referred to as the federal agency survey, a series of
17 interviews and other interventions by previous staff
18 of agency representatives, which were collected in
19 various forms and through working through Rachel and
20 OSTP there have been a number of conversations with
21 agencies about the quality of that data and its

1 usefulness.

2 Not to debate the quality which you heard at
3 the last meeting has a variety of interpretations,
4 some of the quality is good, some less good, it is
5 still quite important using this proposal to return to
6 the agencies with two purposes in mind. One is to ask
7 them again to review the summary data itself, bearing
8 in mind that this is now old and is essentially cold
9 data.

10 But more importantly perhaps to also give
11 then the opportunity to both update what has happened
12 since then because many agencies have been writing to
13 the commission informing us of policies or procedures
14 that they put in place, best practices models that
15 they think they would like to share with others and
16 the like.

17 That is -- that component of this three-part
18 proposal is something that I think can be accomplished
19 obviously with hopefully the kind cooperation of the
20 agencies to whom we would have to return in a
21 relatively short period of time on the order of three

1 or four months, including, you know, starting now and
2 including conversations, writing and follow-up.

3 It is not a data collection activity or a new
4 data collection activity, something that had been put
5 on the table at the September meeting to resurvey
6 everyone yet again. This proposal does not involve
7 gathering more data from what they were doing before
8 but to provide to them summaries of what had been
9 reported and give the opportunity to update, expand
10 and offer suggestions for reform and improvement.

11 Commissioners will recall at the June meeting
12 when we had several agency representatives here, many
13 of them spent some of their time commenting on how
14 they thought the system could be improved, what
15 structures could be in place, what interpretations of
16 the guidelines and regulations they felt were
17 problematic, and it would be in that spirit that
18 component one would be prepared.

19 I can go through each of the components
20 unless you want to offer comments or questions about
21 them.

1 The next two components can be really read in
2 either order depending on the methodology and what you
3 want to get out of it. The two components relate to
4 IRB's and to the regulatory framework in place so if
5 you think about this in the order that it is presented
6 it is quite possible to now start -- to now -- and
7 start to gather both quantitative and qualitative data
8 about the IRB system and to make specific
9 recommendations about any reforms that may be
10 necessary.

11 This, of course, would involve not
12 duplicating previous studies that have been done by a
13 number of government bodies but involve our careful
14 reading through and analysis of those but to
15 supplement that where necessary. This would be an
16 empirical project of some import with, I think, a
17 hefty amount of input from the principal consumers so
18 to speak of the regulations. The IRB's themselves,
19 investigators, research administrators, institutions
20 and even subjects. It would probably do more for --
21 in my view -- NBAC's credibility on looking at the

1 system if it could demonstrate that it has gone as far
2 and wide as it can in this country to solicit the
3 views of those who have to read the regulations.

4 This proposal or this component of the
5 proposal really is a -- it depends in terms of time
6 line, depending on the scope, depending on whether we
7 conduct this in small focus groups at already
8 scheduled commission meetings or separately convened
9 meetings is a methodologic question that once the
10 staff fully worked it out with you, you would know how
11 long it would take to get this done.

12 It would be a very pragmatic and practical
13 proposal in that there would be specific
14 recommendations regarding IRB reform not limited to
15 federal or publicly funded institutional IRB's but as
16 you have seen in the outline questions about private
17 IRB's and even national oversight and review,
18 something that the commission has addressed in at
19 least two of its previous reports, HP Capacity and
20 Stem Cell."

21 The third component here affectionately

1 titled the reach of the federal policy for the
2 protection of human subjects is the so-called Common
3 Rule portion of this that could be as large or as
4 small as one saw fit. You heard from Alta and Neal
5 Lane that this is an issue of great opportunity.

6 The Commission can both address
7 interpretations of the Common Rule, its reach beyond
8 simply the biomedical paradigm and, a side comment
9 here, this might be the place where, for example,
10 issues about public health research or population
11 research or outcomes research that are not well
12 addressed in the current regs could be easily and I
13 think very appropriately included as part of the reach
14 of that activity.

15 Issues of whether or not it should be -- one
16 goes in the incrementalist approach proposed by Tina
17 Gonzales in her paper commissioned by NBAC, starting
18 with the signatories to the Common Rule, recommending
19 expanding that to all government agencies, extending
20 that beyond the reach of the Federal Government to the
21 private sector, that would be the locus or the set of

1 questions for that.

2 And I think the idea here, whether this is in
3 Alta's mind something profound and dramatic -- you did
4 not use the word "dramatic" but you did use the word
5 "profound." This --

6 DR. SHAPIRO: That would be dramatic.

7 DR. MESLIN: It would be very --

8 (Laughter.)

9 DR. MESLIN: This would be the opportunity
10 where the commission, I think, has the chance to not
11 simply ask how should we reform the current regs but
12 is the system that has been in place adequate and up
13 to the task? Do we need a new regulatory framework?
14 This is the one time when the commission could
15 literally, if not figuratively, ask whether the Common
16 Rule is the best mechanism of ensuring human subjects
17 protections. Whether some other regulatory framework
18 or format should be in place.

19 Now the only other thing I will say is I have
20 given you that outline in its chronological order.
21 One could easily reverse component two and three and

1 say let's get started on the big picture questions
2 about the regulatory framework because that is going
3 to take a lot of working through and I cannot -- I
4 will not give -- I have given you some rough deadlines
5 for this which are just approximate deadlines of the
6 amount of time it will take to do these things.

7 One could then do the IRB project second so
8 to speak once we learned more about what the reach of
9 the rules might be.

10 DR. SHAPIRO: Thank you.

11 Let's see what comments. Jim, then Alex, and
12 then Alta.

13 DR. CHILDRESS: Well, thanks very much to
14 Eric and the staff for working this up. I think this
15 really helps moves us forward. Since the Human
16 Subjects Subcommittee was involved a lot in the early
17 process of trying to get at federal agency compliance
18 I very much like what you are doing in sort of
19 incorporating whatever is useful from those early
20 materials but also getting the further feedback and
21 review, and that seems to me to be appropriate.

1 Where my major question comes, though, and
2 where I think that you suggested perhaps
3 chronologically reversing two and three, I am really
4 worried on page four about another study of IRB's.

5 On the one hand I think -- yes, it is
6 important but what I would urge is not even waiting
7 until January but if there is a way -- if we have
8 staff who can do it -- that we can actually pull
9 together sort of what is present in the McKay study,
10 the IG report and hearings and so forth, and just see
11 really where the gaps are to see whether we really
12 think there are important questions that could be
13 addressed by yet another study and then talk about
14 design and so forth.

15 That it seems to me to be something that we
16 really need to have some work done on immediately if
17 we think such a study is important but I think the
18 preliminary work is going to be necessary probably
19 before we could even decide whether it would be
20 important to have a study especially if we want to get
21 something on this available that we can actually

1 incorporate and use in time to get something in, in a
2 reasonable period, to the White House.

3 DR. MESLIN: The only thing I would say just
4 as a reminder, in the document that was distributed at
5 the September meeting that Jonathan was the principal
6 author of, there was a section there, a relatively
7 well flushed out section but by no means comprehensive
8 -- I will have to pick a different word -- by no means
9 exhaustive because it did attempt to summarize that
10 past work. More needs to be done but there has
11 already been a very good start made on summarizing
12 that material.

13 DR. CHILDRESS: Yes, you are right.

14 DR. SHAPIRO: Thank you.

15 Alex?

16 PROF. CAPRON: I concur with Jim's sense of
17 some urgency on bringing us up to speed with what has
18 been done and I agree with you that some of that came
19 before us in September. I suppose that the narrow
20 part of the project, which is simply reporting on what
21 the status not of implementation -- to me that is too

1 strong a word -- but the federal agencies' activity in
2 the area of human subjects protection.

3 The only reason I worry about implementation
4 is I think in common use that would suggest what
5 happens on the ground and what we are still talking
6 about is what happens in Washington and having that as
7 a separate report would have the advantage simply of
8 getting that out of the way.

9 Your timetable here is one which I wish I
10 could believe. I hope you are right about it because
11 I do think we should get it out of the way.

12 Beyond that, however, I am not quite sure
13 that I agree with the way that the other topics are
14 divided and then lumped. It seems to me that a big
15 part of the IRB question is the resource issue for
16 IRB's. We know the criticism from the Inspector
17 General report. What we do not really know and what
18 you would need, I think, fairly rapidly to get a
19 contractor studying is what kinds of resources IRB's
20 have available to them, how do they come to get those
21 resources, how would greater resources be used, how

1 would they be earmarked for them, et cetera, within
2 the context of different kinds of research sponsors?

3 Secondly, I do not see -- I probably missed
4 it here but I do not see anything that really goes
5 into the issue that Harold mentioned in passing, which
6 is the oversight accreditation monitoring of IRB's.
7 And if there is one thing that the recent activity of
8 OSTP has made clear in having the kinds of
9 institutions, the quality of the institutions, which
10 it has singled out for halting of research, UCLA and
11 Duke and so forth, we have to assume it seems to me
12 that these problems are not isolated problems and yet
13 for them to be bubbling up at this point -- I mean, I
14 am glad to see OPRR attending to them in this way but
15 I do worry that any critique of the system would be
16 why hasn't there been an ongoing regular mechanism. I
17 mean if hospitals in the United States, we waited for
18 HHS and HCFA to suddenly say, "Oh, my God, this
19 hospital has not been doing a good job and we are
20 going to shut it down," don't you have some ongoing
21 process. Well, we do in the case of hospitals and we

1 do in the case of universities, and we do in other
2 cases but we do not as to IRB's. And I think what
3 that would mean could be a substantial contribution.

4 The President's Commission made its
5 recommendations because they were -- in one of its
6 last reports there was no follow-up.

7 The issue -- the other issue that I find
8 oddly -- the two other issues, excuse me, that I find
9 oddly placed here are calling the issues of the level
10 of regulatory oversight -- this whole thing that we
11 formally adopted a couple of years ago on my motion
12 that we consider the placement of the overall federal
13 structure here, and whether in response to that or in
14 response to their own internal concerns HHS has of
15 course announced that OPRR is being moved up in the
16 structure into the Secretary's office, and that was
17 one of the options that was before us.

18 I gather from the fact that you continue to
19 mention here that we do not feel that that move takes
20 it off our table. We are just now going to be
21 examining as to HHS a slightly different placement. I

1 do not think that that is a matter of the strengths
2 and weaknesses of the Common Rule, which is the
3 section you have it in. Your third section. That is
4 not the Common Rule issue. That is how do -- that has
5 much more to do with that first report.

6 Now I do not favor, I think, holding up the
7 first report here until we can resolve that issue but
8 certainly it flows from that. Here is the structure.
9 Here is what has happened in a decade with the Common
10 Rule and the many years before that with our own
11 agency policies. Is there some reason to think that
12 we would get better results if we had a higher level
13 or is the present arrangement basically the correct
14 one and just needs encouragement?

15 Likewise, in a certain way the issue of all
16 Americans being protected is not an issue of the
17 interpretation of the Common Rule and its strengths
18 and weaknesses.

19 I think it is a basic issue about whether
20 there is a -- in a way a right or an obligation, put
21 it the other way, that we have towards everyone to

1 ensure that the kinds of things that have come to
2 attention in the private sector that are scandalous do
3 not happen anymore and that there is an oversight
4 mechanism to ensure that everyone understands when you
5 do research you have to go through a process which
6 delivers, as I think our language is, the twin
7 protections of IRB review and informed consent at the
8 minimum. And that is not an issue of the
9 interpretation and the strengths and weaknesses of the
10 Common Rule.

11 The one way that it does, however, relate to
12 the other topics is if the Federal Government is doing
13 a lousy job of protecting subjects in federally
14 sponsored research, we gain very little by saying the
15 Federal Government will now "protect" people in
16 privately sponsored research if it cannot do a good
17 job -- so that the topics are linked but they -- but
18 it is not, I think, a strength and weakness of the
19 Common Rule as such. It is much more the
20 implementation issue.

21 Also, I do not think I see in here one aspect

1 which is a Common Rule substantive issue. Is there
2 anything in here that I missed about compensation of
3 injured subjects? That -- is that in there and I just
4 missed it?

5 DR. MESLIN: It is a very small point.

6 PROF. CAPRON: It is a very small point.

7 Well, I looked over it.

8 That issue has also been on the table. At
9 our last meeting it was discussed again. It seems to
10 me it fits right in here in some fashion. I am not
11 sure where. So I am not -- I -- after the first
12 couple of pages where you talk about the agency status
13 report sort of thing, I do not find this particular
14 organization at least -- I mean, not the idea that
15 there will be several reports but where you put the
16 subtopics. I am not yet convinced by this -- for the
17 reasons I have given.

18 DR. SHAPIRO: Thank you.

19 Alta?

20 PROF. CHARO: I must say I was gratified to
21 see how much is in here that reflects previous work

1 but nonetheless find myself agreeing with Alex about
2 the dilemmas of organizational approaches.

3 On the other hand, as my previous comment may
4 have indicated, I dread the notion of another exercise
5 and going through three more different versions of an
6 outline.

7 One of the things about this area, I think,
8 is that one could legitimately come up with five
9 perfectly good ways to organize it thematically and
10 the problem is if you try to compromise among the five
11 you get a mush that does not work for anybody. Any
12 one of them would be adequate to the task, which is
13 why in some ways I am terribly tempted again to push
14 the point to bypass the outlining process for the
15 moment, move right to the guts, finally talk about it
16 as opposed to talking about how we are going to do it.

17 I mean, on the federal agency stuff, I would
18 be -- I would be nervous at the notion that we were
19 going to walk down a path that leads us towards doing
20 a GAO type of report in which between the old data and
21 the survey and the agency updates we kind of do a

1 report card on an agency by agency basis. GAO is
2 very good at that. We are not.

3 Interestingly enough, one of the reasons we
4 are not and even GAO have trouble is something that
5 would flow out of a very sensible set of findings and
6 recommendations that we could write today. All right.
7 Based on all that has been done and that very helpful
8 meeting with the agency reps. Finding: Most of the
9 agencies are okay but there are some problems. Here
10 is a list of examples.

11 Two: Oversight is hard because of the lack
12 of internal monitoring systems that let us know basic
13 things like how much research is being done, how many
14 protocols, how many -- what happened to them, who
15 reviewed them, how many subjects, what were the
16 outcomes.

17 Three: There is no set of language you could
18 put into any rule that could completely prevent these
19 problems from arising.

20 Recommendation: The agencies have to have a
21 reporting mechanism that permits something of an audit

1 and oversight because no system is no perfect.

2 Right? Easy. And it would have to cover
3 those things.

4 You know, findings: The agencies frequently
5 expressed frustration at the use of the Common Rule in
6 nonbiomedical settings.

7 Agencies frequently, you know, are frustrated
8 by the lack of an easy means for cross agency
9 collaborations.

10 Third: Agencies often wish that they had a
11 place to go for advice that was completely separated
12 from the place that actually enforces against them so
13 that there is a kind of safe haven. They want to have
14 a -- you know, a penitent kind of confidentiality
15 guarantee. Some place they can go to the
16 confessional.

17 You know, recommendation: We can talk about
18 that. All right.

19 Findings that the diffusion of responsibility
20 for interpretation of key terms among departments,
21 secretaries and agency heads has resulted in confusion

1 and actually in conflict on interpretation of key
2 terms that cover very basic things like who is
3 protected and from what.

4 Second that OPRR's move within HHS may handle
5 some internal conflict of interest issues but it does
6 not touch this problem.

7 Recommendation -- you know, we could write
8 that today.

9 PROF. CAPRON: Second.

10 PROF. CHARO: With regard to the second half
11 of this, though, and that is interesting -- and
12 interestingly it looks directly to that last
13 recommendation about the issue of confusion of
14 responsibility, right. That is the one where the
15 debate is then going to focus on, well, should it be
16 one department that takes the lead or should it be
17 something outside the department structures and, if
18 so, where. Is it OMB? Is it -- what is it? You
19 know, and the political whims of support and -- well,
20 that dovetails very nicely with the question or
21 whether or not the system is going to be aimed only at

1 federally sponsored or at all research. That will be
2 important in the debate about the appropriate
3 recommendation to follow from that finding.

4 At which point -- as I think Alex said -- the
5 question of the adequacy of the current system and its
6 definitions and its presumptions is tightly tied to
7 the scope of the research that it is reviewing,
8 increase the scope of the research and you must pay
9 even more attention to the ability to implement the
10 system efficiently and effectively.

11 Again there I think between the Gonzales
12 report and the other reports that have been delivered
13 -- and maybe we can have a new kind of mailing that
14 just collects the key documents that are now scattered
15 in all of our offices in various unorganized piles
16 into one mailing so we have it all in one place for
17 those of us that are not particularly good at this and
18 do not have secretaries, we can actually sit down and
19 say, "Okay. What do we really want basically?" And
20 if we do not know because there is an empirical fact
21 missing like we do not know the scale of private

1 research and we do not know the number of private
2 IRB's, we can then stop and say, "All right. You
3 always make policy based on imperfect information."
4 Can we make policy now already or do we really need
5 information here for this recommendation and, if so,
6 now we will know exactly what we need to get.

7 I guess -- I guess I am just frustrated.

8 DR. CASSELL: Well, you should get frustrated
9 more often.

10 PROF. CHARO: I am restless.

11 (Laughter.)

12 DR. CASSELL: You should get frustrated more
13 often.

14 DR. SHAPIRO: Trish, and then Bernie.

15 PROF. BACKLAR: Well, there are two things.
16 One is I actually think some of the work we are going
17 to do on the international project is actually going
18 to be -- I actually think that some of the work we are
19 going to do on the international project may be very
20 helpful for us here as well so we are not necessarily
21 wasting our time over there in terms of this report.

1 The other thing that I am concerned that
2 nobody has mentioned, and I wanted to make sure we
3 have it on the table, and that is the issue of
4 conflict of interest, which is the oversight,
5 hopefully, as one -- I do not see it mentioned
6 anywhere in this report and I think it is a major
7 problem for the IRB's and I am presuming that if we
8 come up with some creative way of oversight and so
9 forth like JCHO that that would be a way of -- one of
10 the ways that one could deal with that.

11 DR. SHAPIRO: Could you just help me, Trish,
12 by which conflict of interest are you focusing on?

13 PROF. BACKLAR: I am talking about the
14 institution's conflict of interest within the --

15 DR. SHAPIRO: I see.

16 PROF. BACKLAR: -- IRB, which is reviewing
17 its own -- I do not need to spell it all out. We all
18 -- everybody knows what I am talking about.

19 DR. SHAPIRO: No, I just wanted to be sure
20 that --

21 PROF. BACKLAR: Right?

1 DR. SHAPIRO: -- I know exactly what.

2 PROF. BACKLAR: Yes.

3 DR. SHAPIRO: Okay. Bernie, and then Larry?

4 DR. LO: You know, in the spirit of trying to
5 move us on, I think, it would be useful for the second
6 big section interpretation and implementation where
7 there have been a number of reports to really delve
8 into what is known and what is missing and I -- being
9 probably the most disorganized person on the panel I
10 think it would be really helpful --

11 DR. SHAPIRO: Let's not start any conflicts
12 of interest.

13 (Laughter.)

14 PROF. CHARO: Because you will not win,
15 Bernie.

16 DR. LO: You should see -- you have not seen
17 my office.

18 PROF. CHARO: All right.

19 DR. LO: To get --

20 PROF. CAPRON: The two of you --

21 DR. LO: To get a packet with the relevant

1 reports but even more important to ask the staff to
2 prepare all these wonderful master charts, you know,
3 report A, B, C, D, what do they identify, what do they
4 recommend for resources, issues where there is
5 confusion. To really start filling that in.

6 I would also suggest there is some -- I guess
7 that rows cutting across the -- my impression from the
8 reports as I recall them -- are missing. One is how
9 much do we know about the experience of lay members --
10 outside members on these panels? Are they really
11 adequate if there only one or two of them? Are there
12 holes there? Are they sort of token appointments?
13 How effective are they?

14 The second has to do with private IRB --
15 PROF. CAPRON: Yes and no I think is the
16 answer.

17 DR. LO: Yes. But again to document that and
18 to try and identify IRB's that have done that well.

19 The second issue has to do with private
20 IRB's. As I recall, you know, when you try and go out
21 to talk to them it is hard to do that. If that is

1 missing maybe we could try and invite some of those
2 people to testify in front of us as a way of getting
3 some of that knowledge.

4 Third, one of the reports started to talk
5 about what are some of the burdens of IRB's that are
6 excessive. Are there situations -- are we just going
7 to sort of do more and more, saying you have to do
8 this, this and that, and we will try and get you more
9 resources? Or do we also address concerns that maybe
10 in some areas the regulations are overkill, that we
11 should try and cut back.

12 So I think to really push us ahead by
13 critically reviewing what is already known would be
14 extremely helpful and I would suggest where you see an
15 obvious gap maybe start to schedule speakers to come
16 in and help us.

17 The second thing I think is this: All of us
18 in the interim should go and talk to someone we know
19 who works on an IRB and say what is going on, what are
20 the things you have trouble with, what are the
21 problems you face, what would make a difference to you

1 in terms of resources, what is really needed, how do
2 you educate each other, how do you -- where do you
3 turn to if you have a stumper or a question?

4 I mean to the extent that we are all
5 connected in some way, I think, with institutions that
6 do some research that it would be at least helpful for
7 us to get a personal sort of, you know, qualitatively
8 information on what is going on out there.

9 But I think, you know, what I am hearing is
10 that there is a lot out there and we need to sort of
11 bring it together, and I think whatever we can do to
12 kind of move that along would be helpful.

13 DR. SHAPIRO: I think that is very helpful.
14 Obviously in the -- any time one does quantitative
15 studies we do not have to do one twice. If there is
16 some information out there you ought to accept it.
17 Second, you ought to know what you are going to do
18 with the results if you go out and get them. You
19 ought to test yourself and say, "Well, if I had this
20 information would it make any difference?" Both those
21 things are really important as we go ahead.

1 Larry?

2 DR. MIIKE: Yes. Just several comments. I
3 think on the discussion we had at the last meeting
4 about how to update the agency information that it was
5 for the purpose of what you would like, Alta, which
6 was really not to -- there might have been elements of
7 finger pointing early on in the collection of it all
8 but it was basically to supplement and make sure that
9 the information we got is agreeable to the agencies
10 that that is what they said they are doing.
11 And the panel that we had -- you could combine both of
12 those things and I think you would come out with a
13 fairly good list of things that need improvement. So
14 that is all I have just on that point.

15 I think I agree also with Alta that -- let's
16 not decide at this moment where things fit because
17 that -- we are going to change that to the very nth
18 degree, to the very last day, but let's be clear about
19 the areas in which we really need the information and
20 as soon as we can get clarity on that I would strongly
21 recommend that if not formally we all think about,

1 okay, what are the findings we expect out of this and
2 what kinds of recommendations follow because it is a
3 good focusing effort and I think that when we do that
4 -- especially since there are many commissioners here
5 who have very in depth knowledge about this field, and
6 I think that from our past experience we soon find
7 that we are in collective agreement in a lot of these
8 areas and so we can dispense with the areas where they
9 are not controversial or in disagreement among the
10 commissioners and we can focus on those areas where we
11 really need to get some agreement on.

12 DR. SHAPIRO: Let me ask a question to
13 commissioners on an issue that has come up before and
14 is mentioned here in this outline. I believe it is at
15 least mentioned on four and Alex referred to it
16 before.

17 And that is the question of the ongoing
18 monitoring of IRB's. I actually think that is really
19 quite an important and central issue regardless of
20 what we find out what resources and all kinds of other
21 issues which are also important, and I agree with

1 Bernie if we could find some way to make their work
2 effective but less burdensome we ought to identify
3 that. We ought not just to pile on more work and so
4 -- but as I recall our discussions, two different
5 models were mentioned at least explicitly regarding
6 how one might monitor IRB performance.

7 One was the accreditation model, which I
8 think Alex talked about quite persuasively at one of
9 our meetings, and the other we have talked about less
10 often and that is the question of some kind of audit
11 procedure which is similar objective, different
12 methodology.

13 The question I have is twofold for the
14 commissioners.

15 One, as you have thought about this has
16 either of these methodologies recommended themselves
17 to you or do you have any other ideas about sort of a
18 broad methodology one might consider moving in here
19 and defining because I think it is going to be quite
20 an important part of what we do.

21 Eric?

1 DR. CASSELL: Well, just on the face of it,
2 the fact of the need is there because we all know that
3 something goes to the IRB and from then on once it has
4 gone through its process we forget it. So we have
5 agreed generally on the business of some kind of
6 educational process for people who are members of
7 IRB's and whether that leads to accreditation or not.

8 But it would be very difficult to have an
9 audit method in there unless they get more resources
10 because we will end up giving them, you know, auditing
11 without the ability to repair. So I think anything we
12 do in the way of audit has to have -- has to be
13 coupled with the idea that they are going to need more
14 resources.

15 DR. SHAPIRO: Alta?

16 DR. CASSELL: Who pays for it?

17 PROF. CHARO: First, I absolutely agree with
18 Eric and everybody I think needs to keep in mind that
19 the issue of resources for IRB's is embedded in a more
20 general issue of how medical schools, hospitals and
21 other institutions finance these days, and how rapidly

1 that is changing.

2 More directly in answer to your question,
3 Harold, I think actually this is extremely important
4 because it is a genuinely different mode of addressing
5 the question and it also offers up opportunities to do
6 things we have never tried to do until now. As it
7 stands we have one set of rules for everybody
8 regardless of how frequently they oversee research and
9 how good they are at it.

10 When it comes to driving a car we recognize
11 differing degrees of licensing freedom to your
12 license. You have got learner's permits and you have
13 got regular licenses, and then some people have
14 special licenses to drive motorcycles and heavy trucks
15 and others do not. A system like that actually offers
16 a great deal of flexibility that does not exist in the
17 current system.

18 Right now we have got administrative rules
19 that are aimed quite centrally at substantive issues
20 like what is acceptable risk/benefit balance, others
21 that are aimed at trying to ensure that the IRB

1 actually thinks through the problem completely such as
2 checklists over factors regarding children and others
3 that are purely there so that we can, in fact, do
4 audits in the future.

5 So recording votes and recording the minutes
6 are really about allowing oversight in the future and
7 it is possible that with a system of some kind of
8 accreditation, something like the CLIA model with
9 which laboratories are tested for competency and then
10 are permitted to pursue things subject to periodic
11 retesting and reauthorizations and such. We could
12 actually change the particular sets of administrative
13 rules that govern IRB's in a way that facilitates
14 review for those that have shown they are competent
15 and maintains a very heavy handed level of oversight
16 on those that are still proving themselves and are
17 still in training. This is a whole new way of
18 balancing people's interest that has never been
19 available to us before.

20 DR. SHAPIRO: Jim?

21 DR. CHILDRESS: In response to your question

1 this is an area that if we have general agreement that
2 is well worth exploring, as I think we probably do
3 these, I would be helped by having actually some
4 arguments developed and some indication of how these
5 might work so that as we move toward some
6 recommendation we would have already some of that in
7 place rather than having to come up with it at the
8 last minute.

9 PROF. CAPRON: In that regard if I could just
10 put a request in. One place to start would be in the
11 materials in the 1983 so-called second biennial report
12 on human subjects report from the President's
13 Commission because an exploratory study had been done
14 actually implementing a process which was like an
15 accreditation sort of process involving peers and so
16 forth. And the other thing would obviously be to look
17 both at the implementation of the Clinical Laboratory
18 Improvement Act, CLIA, that was mentioned by Alta and
19 how that is done under a federal mandate and the rule
20 of federal agencies in that, and that some of the
21 private accreditation bodies, which I think would have

1 a whole lot on the philosophy of accreditation, and
2 then going to the Price Waterhouse's of the world for
3 the auditing process as they do in the corporate area.

4 So it should be very quick, Jim, to pull that
5 together.

6 DR. SHAPIRO: Yes. One of the -- I do not
7 have any position on which of these might be the most
8 effective. I have not thought it through carefully
9 enough in this case but one of the things that has
10 happened in, for example, higher education
11 accreditation is the agencies are loathe to withdraw
12 accreditation from anyone under any circumstances
13 because it immediately gets them into a lawsuit and
14 that is very aversive to most of the people who run
15 these organizations, and so that is really hardly even
16 an option they considered seriously even in some very
17 serious cases.

18 And whatever we design, whether it is audit,
19 accreditation, whatever it is, and I do not have any
20 particular view right now, we want to make sure that
21 somehow we do not get into that kind of situation and

1 I think one of the things that we should think about
2 and I think Jim's request is entirely reasonable that
3 we should start outlining the pluses and minuses and
4 characteristics here. That is very helpful. I have
5 always thought and still think that some kind of
6 public disclosure here is an enormous benefit,
7 regardless of whether you are doing it through
8 accreditation or audit or whatever else you do because
9 that gives you strength to actually go ahead and stick
10 to your guns on the issue.

11 Bernie?

12 DR. LO: Yes. I just want to reenforce that
13 this is incredibly important and there is a lot being
14 done out there. I would just like to sort of pick up
15 on Alex's suggestion that we look at some of what is
16 going on with voluntary accreditation in health care
17 delivery so the problem you addressed, Harold, of sort
18 of once you are accredited no one wants to take it
19 away. In health care NCQA accredits health
20 maintenance organizations and physician groups on a
21 time limited basis so that you have to come back and

1 get, you know, reaccredited and people do flunk.

2 But I also think we need to be very careful
3 to sort of -- the underlying philosophy of what we are
4 trying to do. I mean, the advocates of an NCQA type
5 approach say that it is -- the audit and quality
6 improvement are meld -- they try and meld it together.
7 So that rather than saying we are going to come in and
8 judge you and you better shape up, it is we want you
9 to set in place something where you, yourself, review
10 what you are doing and have a system in place to
11 assure improvement in certain key areas.

12 They feel that that is a much more
13 constructive way of sort of starting a system where
14 none had existed before but they have a lot of
15 experience with this and a lot of experience dealing
16 with the concerns that, gee, you are making us do
17 this, it is incredibly expensive, it is burdensome, it
18 takes resources and time away from our real task, and
19 is it really worth it. So those are the issues that
20 if we can get people really to deal with that it would
21 be very useful.

1 DR. SHAPIRO: David and Larry?

2 DR. COX: Yes. I would just like to second
3 what Bernie said because if it can happen in the
4 medical profession, it can happen anywhere and that is
5 a fairly recent thing. I mean, this idea of getting
6 recertified has happened, you know, probably in the
7 past 15 years and it did not happen at all and then it
8 happened everywhere so it is the expectation, Harold.
9 If there is the expectation that people will fail but
10 not very many because everyone is trying to work so
11 that they do not then it is not lithogenous. I mean,
12 probably some doctors do sue but I think the idea is
13 that no one is going to pay attention to them because
14 this is accepted in the field.

15 PROF. CAPRON: You are referring now to board
16 certification?

17 DR. SHAPIRO: Board certification of
18 individuals, yes.

19 DR. COX: Yes.

20 DR. LO: I was referring to certification of
21 HMO's.

1 DR. COX: Yes. But it is the same. But
2 actually --

3 PROF. CHARO: You can have both.

4 DR. LO: Absolutely.

5 DR. SHAPIRO: Larry?

6 DR. MIIKE: Well, the NCQA is an imperfect
7 model because it is more a marketing tool than
8 anything else. There is really no consequence if you
9 are not accredited. It is to be able to say I am an
10 NCQA member. I have done really well, look at how
11 great my return rates are, and those kinds of things.
12 So it is an accrediting model that does not really
13 have the kind of teeth that we would need.

14 DR. COX: In medicine it does. You do not
15 get -- you cannot practice.

16 PROF. CAPRON: Yes. It is not true of
17 hospitals because the absence of accreditation --

18 DR. MIIKE: I understand it. What I am just
19 saying is the NCQA one about the HMO -- also really if
20 we are talking about specialty organizations and being
21 board certified, I doubt that there are very many

1 physicians who get their board certification revoked
2 except for if they do not continue paying their dues
3 and things like that, you know.

4 PROF. CAPRON: But they have time limited
5 certificates now I think was the point.

6 DR. SHAPIRO: Okay.

7 (Simultaneous discussion.)

8 DR. CASSELL: -- if I thought to complain
9 about it.

10 DR. SHAPIRO: What is that?

11 PROF. CAPRON: You still it, though, didn't
12 you?

13 DR. CASSELL: Yes, I got it. I did it. I
14 wanted to complain. I thought it was a lousy idea but
15 you could not complain unless you did it, see.

16 DR. SHAPIRO: You did it in order to get the
17 right to complain?

18 DR. CASSELL: That is right.

19 DR. SHAPIRO: I see. That is all right.
20 Well, there you are. Some positive outcome.

21 DR. CASSELL: That is right.

1 DR. SHAPIRO: Both the complaint and the
2 recertification.

3 I think when we come to look at these various
4 models of audit, accreditation, whatever we are going
5 to do that there will be some trade off between the
6 resource intensity and various characteristics here.
7 Some of these I think will turn out to be cheaper and
8 some better and then we will have to make some
9 decisions of that.

10 PROF. CAPRON: Yes. I wanted to underline at
11 the last meeting I brought up the notion of the
12 percentage that would -- one percent, two percent of a
13 budget that ought to be assigned to the human subjects
14 protection function and I want to underline what Alta
15 said which is we really need to understand the
16 financing of the human subjects protections as they
17 now work on an institutional level, which will be
18 quite varied but have an understanding of that range
19 because obviously in some circumstances with
20 institutions that may be doing a very good job within
21 their own distribution of overhead, they may be

1 supporting at a level above that.

2 And the last thing we would want to do is to
3 turn around and say, well, actually you only should be
4 spending two percent of the research budget on this
5 function if an institution has discovered that it
6 takes three or four percent to write a good IRB that
7 is well staffed, et cetera.

8 What we are really concerned about is the
9 indications that IRB's in many circumstances are
10 resource poor and that some of the problems that arise
11 seem to originate there and this is an example where
12 if we sort of had a tentative idea where we wanted to
13 go that the resource problem is -- then we can kind of
14 ask the kinds of questions that Alta was pressing.
15 What data would lead us to one kind of conclusion or
16 another in our specific recommendations? I think we
17 ought to -- frankly, I think we ought to take the
18 transcript pages in which Alta went through half a
19 dozen recommendations on things and just sort of have
20 those slightly spruced up because they were off the
21 cuff but they were very good and have that on our

1 December agenda just the way yesterday we looked at
2 some of the tentative recommendations on the informed
3 consent issue rather than putting them off until we
4 "do all the research," which often just leads us
5 hither and yon.

6 DR. SHAPIRO: The issue of cost and cost
7 reimbursement I think is going to turn out to be a
8 complicated one.

9 PROF. CAPRON: I am sure.

10 DR. SHAPIRO: At least to the extent that
11 these are reimbursed to institutions through indirect
12 cost rates because there already are caps on the
13 administrative side of indirect costs and they cannot
14 go anywhere in most institutions. And so depending on
15 what we discover, and we will have to look at it
16 carefully, this may be a fairly sort of complex
17 administrative matter to deal with.

18 PROF. CAPRON: Then again the point of
19 whether we are talking only about federal dollars --

20 DR. SHAPIRO: Right.

21 PROF. CAPRON: -- or pharmaceutical,

1 biotechnology dollars as well --

2 DR. SHAPIRO: Right.

3 PROF. CAPRON: -- comes in here.

4 DR. SHAPIRO: Correct. Absolutely.

5 Bernie, I am sorry.

6 DR. LO: I wanted to add one more issue to
7 our issues that we have sort of talked about but want
8 to make sure to get it into the outline somewhere, and
9 it is related to the accreditation, and in a sense it
10 also deals with quality control but I think it is
11 separate and it is the education of IRB members and
12 the continuing education of IRB members.

13 I think the experience of most IRB's is you
14 get the letter in the mail appointing you and you go
15 to your first meeting and that is your introduction.
16 And I think in terms of what should be the best
17 practices for bringing people up to speed before they
18 join, and then the people who have been on the board
19 for -- IRB for five, ten, fifteen years, things change
20 and again there is no kind of assumption that they are
21 going to sort of keep themselves up-to-date. And to

1 the extent that that needs -- may need to be a part of
2 our report, I think we -- you know, as Alex did so and
3 others, we just need to make sure it is in there in
4 the outline in a clear place eventually.

5 DR. SHAPIRO: Tom?

6 DR. MURRAY: This has been a very useful
7 discussion and I sense it is drawing to a close. Let
8 me raise one additional dimension of it. I know Alta
9 is a member of a very active IRB that probably other
10 people sitting around this table who either are or
11 have been members or served on IRB's, it ranks fairly
12 high on the list of relative -- of thank you --
13 thankless tasks in most universities.

14 PROF. CHARO: That is why I was grateful to
15 rotate off as of August 31st.

16 DR. MURRAY: Congratulations.

17 Now that -- we cannot change institutional
18 norms, internal institutional norms by fiat. That
19 cannot happen. But I think more attention -- we ought
20 to be giving some attention to whatever we can do to
21 alter the way IRB's are sort of thought of within

1 institutions although I am not sure how to do that.

2 And the second dimension of this is to ask
3 -- and this may -- you know, we should at least
4 contemplate recommending changes in the rules about
5 composition of IRB's. Other countries have a much
6 greater balance between institutionally affiliated and
7 public members. New Zealand, for example, requires
8 that either an equal number or a majority of members
9 of all research ethics committees be from the general
10 public. I would like that at least to be on our
11 agenda to talk about.

12 DR. SHAPIRO: Incidentally, I think the -- I
13 think those are very good points, Tom, and I think
14 also that while we certainly cannot change the status
15 of IRB's by any, you know, exhortation or statement
16 that we say here, I think, you know, people's
17 thinking, for example, at Duke about IRB's changed
18 overnight about their importance and they are not
19 going to think the same way again for a long time.

20 And so it is related to this monitoring and
21 so on. It is a very important issue but it is related

1 to how seriously rules and regulations that are
2 appropriate are actually implemented and taken
3 seriously and so we cannot -- you are quite right. I
4 mean, I accept your point but we can do something in
5 that sort of indirect way on those issues.

6 PROF. CAPRON: The Presidential Medallion for
7 Service in the Protection of Human Subjects given to
8 IRB members nationally.

9 (Laughter.)

10 DR. SHAPIRO: Bernie?

11 DR. LO: I want to go back to an issue that
12 Alta raised that struck home with me in terms of
13 beginning to think about learner's permits for kids
14 and in my own case sort of geriatric driver's license
15 certification.

16 DR. SHAPIRO: Bernie, you do not look that
17 old.

18 DR. LO: You should see me drive.

19 (Laughter.)

20 PROF. CHARO: Revved that Buick Skylark up to
21 35 yesterday, right?

1 (Laughter.)

2 PROF. CAPRON: Do you have one of those
3 restricted licenses, no driving on hills?

4 (Laughter.)

5 DR. LO: We noted in the outline that
6 different kinds of research raise different sorts of
7 issues and so research on DNA testing of stored tissue
8 samples raises different issues than research on
9 children, research on patients with mental illness,
10 and at our institution a big issue is clinical trials
11 research.

12 Sometimes -- you know, sometimes it is
13 unrealistic to expect the same IRB to be equally adept
14 at all kinds of research so that within a large
15 institution, many institutions, including mine, have
16 started to split IRB's into sort of more
17 differentiated IRB's.

18 And, again, as an option for, Alta, the high
19 volume research institutions maybe there is something
20 to be said for kind of having them match their IRB's
21 to the types of studies they are doing and at least

1 demonstrate that for the types of protocols that come
2 before them frequently they should be sure they have
3 adequate expertise on their IRB's and experience to
4 deal with those.

5 We sort of said that with regard to our
6 research on patients with mental disorders that may
7 impair decision making capacity, if you do that a lot
8 you have got to have extra members and so forth and so
9 on. And I think to the extent that that is a useful
10 principle for areas that are known to have special
11 problems we maybe need to have IRB's target that.

12 DR. SHAPIRO: Eric?

13 DR. CASSELL: Well, allowing the complexity
14 of the issue, each one of these points that have
15 raised up is associated also with compensation to the
16 IRB for the costs involved because every one of those
17 things certainly outside -- increasing the number of
18 civilians is going to increase the cost and changing
19 the number of IRB's is going to increase the cost and
20 also their prominence in their institution will be
21 greatly helped by a budget -- independent budget that

1 makes them seem more important to the people who serve
2 on them and so forth and so forth and so forth.

3 DR. SHAPIRO: Trish, and then Alta?

4 PROF. BACKLAR: Bernie brought up a very
5 important point which I also want for us to remember
6 and that is the one size does not fit all and one of
7 the errors we fell into with the capacity report at
8 one point was we had completely forgotten about a
9 certain kind of research which was more demographic
10 and so forth, and we had included all kinds of
11 strictures and so forth into that loop so we want to
12 make very sure just as we are thinking about the
13 international research that the context are going to
14 be very important.

15 DR. SHAPIRO: Alta?

16 PROF. CHARO: I wanted to also respond to
17 Bernie because I think that the observation about the
18 growing number of seemingly special cases is also
19 linked to the question of governance of the system and
20 the degree to which certain governance options offer
21 flexibility.

1 For example, if you had a central governing
2 authority that transcended the departments but
3 actually controlled all the departments simultaneously
4 as well as in theory the private sector if we got them
5 included, and it had the ability to do things like,
6 for example, issue annual lists of topics that are on
7 this year's list of special topics that have special
8 rules, whether it is this is the topic that requires a
9 national review or this is a topic that requires
10 special consultations by special groups. It would
11 permit IRB's to operate without having to find some
12 way to create all these different special bodies
13 themselves and it would also permit the IRB's to
14 respond consistently to these special topics instead
15 of having the special topics -- for example, research
16 with children, be governed by one set of rules if it
17 is NIH funded and another set of rules if it is FDA
18 funded, rules that sometimes actually have conflicting
19 policy directions so that the -- the question of what
20 we choose on the national level is intimately linked
21 to what can be accomplished efficiently on the local

1 level with the resources that we have or the resources
2 that we advocate they should have.

3 DR. SHAPIRO: Thank you.

4 Larry?

5 DR. MIIKE: Just from what I have learned
6 about IRB's over the time that I have been with this
7 commission and even in our past reports where we have
8 just loaded more tasks on to an IRB, it seems to me
9 that the most straight forward way of dealing with all
10 of the complexities around the IRB issue is to make
11 their job simpler and I have heard suggestions along
12 those lines but I think that would solve a lot of the
13 problems about whether audit or accreditation is
14 better or not because I do not think they have bad
15 motives but it is probably they are confused about
16 what their responsibilities are or there is so much
17 stuff that you sort of rubber stamp kinds of things.

18 So I think what we need to really do is take
19 a look at what the original and current purposes of
20 those are and match that up against the piling on of
21 responsibilities that has happened and try to cull it

1 back down to something real simple.

2 DR. SHAPIRO: Okay. Well, let me try to
3 articulate where we are now. One, I think two
4 suggestions, in particular, are very helpful for us to
5 follow up immediately. We will be doing a lot of
6 things immediately.

7 But, one, I think -- I do not remember whose
8 suggestion it was but I think the idea that we should
9 try to get the so-called federal agency part of this
10 thing done and finished is a good idea. I do not see
11 why that has to be part of our larger report. It is a
12 finite subject and it can be handled effectively, and
13 we ought to get it finished and done with --

14 PROF. CAPRON: Post haste.

15 DR. SHAPIRO: Yes. As soon as we can,
16 whatever that turns out to mean, and that is one of
17 the things we will ask the staff to get on with and
18 hopefully we can finish quickly.

19 Another suggestion is that as we go ahead and
20 start planning what we want to do we should
21 simultaneously produce something that is analogous to

1 findings and recommendations to begin getting a sense
2 of where it is we might go, what issues are important
3 and just see how we feel about it rather than waiting
4 until the end. I think that is also an effective
5 thing to do and Alta or someone else made that
6 suggestion, and I think we ought to do this.

7 Now there is going to be a good deal of
8 intensive work to follow up the various suggestions
9 here and I think it is going to be necessary in the
10 next six weeks -- you might get a call from Eric or
11 myself to see if we cannot meet somewhere to hammer
12 out certain aspects of this and get some suggestions
13 from you because I think we are going to need --
14 sometimes e-mail will be quite sufficient, other times
15 we may just need to sit down and hammer something out
16 because it is very difficult to do just by e-mail.

17 So we will be imposing on your time somewhat
18 in the next few weeks really to get this in some kind
19 of shape where we feel better about where we are going
20 in December and we will try to devote our December
21 meeting. First of all continuing on the international

1 side. We will then spend a good deal of time on this
2 although we have not worked out the agenda yet. And
3 depending on how that looks there may be, of course,
4 other items, people we want to hear from and so on,
5 which will be scheduled for that time.

6 So I think that we are sort of inaugurating
7 today -- it is hard to say inaugurating since we have
8 been dealing with this subject in one way or another
9 for -- throughout our whole existence as a commission
10 but maybe we are inaugurating the determination to
11 bring this to some kind of conclusion and I think it
12 will be an important product to this commission so it
13 is an exceedingly important thing. I am not going to
14 really devote resources to other things until we have
15 a clear idea of exactly where we are going and,
16 therefore, how much time it will take and what
17 resources it will take. At that time we will be able
18 to decide whether we have other issues of interest to
19 the commission that we are able to take on or not but
20 I am going to hold that up for a couple months before
21 we pursue anything along that line.

1 Does that seem reasonable to people?

2 DR. MURRAY: Yes.

3 PROF. CAPRON: Yes.

4 PROF. CHARO: Yes.

5 DR. CASSELL: Could I just ask a simple
6 question?

7 DR. SHAPIRO: Yes.

8 DR. CASSELL: How many people on the
9 commission -- how many commissioners have ever served
10 on an IRB?

11 (A show of hands was seen.)

12 DR. CASSELL: That is what I thought. We
13 have a lot of expertise about this subject.

14 DR. SHAPIRO: I actually thought that --
15 someone made a suggestion, I think it was Bernie who
16 made this suggestion that in the interim for those of
17 us that are either currently associated with or have
18 easy access to a local IRB might want to not only use
19 our experience but to sit down with that IRB and find
20 out what is going on today with them, what is
21 bothering them and so on. Certainly I am going to do

1 that since my experience in the IRB is sort of ten
2 years old and I do not know if it is even relevant any
3 more and if we can do that that could be very helpful.

4 PROF. CAPRON: I wanted to just ask you a
5 question about your last comment before the IRB that
6 is, I had thought a little earlier in the discussion
7 that we were still thinking that at the December
8 meeting we would be visiting some of these tryout
9 candidates for topics and in light of -- either at the
10 December or January meeting.

11 In light of where we stand on this umbrella
12 topic of human subjects protection, we would be saying
13 in terms of the finances and the staff time, will be
14 able to look at gene patenting, assisted reproduction
15 technologies, human-animal hybrids, et cetera, with, I
16 think, the clear understanding that it is likely that
17 those topics will during the following nine or ten
18 months always be a little bit further back on our
19 stove -- on the back burner but working along so that
20 if this commission goes out of existence on January
21 20, 2001, we will have been able to complete the human

1 subjects package but we may have other reports in the
2 works which we are not going to get through.

3 If we wait until June -- May-June when by
4 then the international report should be under our belt
5 and so forth and say now what do we have time for, it
6 seems to me highly unlikely that we would get very
7 far, if at all, on those reports.

8 I had thought from our earlier discussion, as
9 we said -- well, today, in this time between 10:30 and
10 noon, let's do exactly what we have done, which is to
11 figure out how we want to flesh out the human subjects
12 report, that we also began that discussion by saying
13 the other stuff -- and Eric represented at that time,
14 as he was asked a question, the staff without a lot of
15 additional effort is going to be doing these
16 backgrounders on the three or four topics that have
17 been high on the list.

18 DR. SHAPIRO: Well, my own --

19 PROF. CAPRON: Are you taking that off the
20 table, I guess, is what I am asking?

21 DR. SHAPIRO: Well, my own view of that is

1 that -- and I was thinking of the time period not
2 between now and next summer but now and December.

3 PROF. CAPRON: Okay.

4 DR. SHAPIRO: That is the time period I had
5 my focus on. That we would only take up those things
6 if we thought there was some possibility that they
7 might, in fact, be part of this umbrella report in
8 some way. So, for example, someone suggested repro
9 tech, if that is a word that is used, really could be
10 used as an example of what we mean in certain areas of
11 human subject protection and so on.

12 And I do not want to be rigid about it
13 because, you know, let's see how much time we take.
14 If we have staff and they have time, you know, and it
15 is not needed, that is fine but we should not be too
16 rigid.

17 I was only referring to between now and
18 December. I agree with you that we could not go as
19 far as next June.

20 Larry?

21 DR. MIIKE: Well, my suggestion was that the

1 commissioners who are interested take on that burden
2 and that I only ask that you set aside maybe an hour
3 or so in the December meeting.

4 DR. SHAPIRO: Yes. We will be glad to do
5 that.

6 Any commissioner who feels strongly about
7 something, strong enough to write something, a few
8 pages, we certainly will discuss it.

9 Jim?

10 DR. CHILDRESS: Also, I am sure that the
11 staff already has this recorded but Bernie and I and
12 some others had asked for -- to get as much as we can
13 on the IRB discussion --

14 DR. SHAPIRO: Absolutely. There have been a
15 whole series of very useful suggestions and I did
16 not --

17 DR. CHILDRESS: Okay. I just wanted to make
18 sure that the --

19 (Simultaneous discussion.)

20 DR. CHILDRESS: -- early ones did not get
21 lost.

1 DR. SHAPIRO: I did not mean to miss them
2 all. I did not remember them all.

3 PROF. CAPRON: That is the work between now
4 and the December meeting.

5 DR. CHILDRESS: That is a lot of work.

6 PROF. CAPRON: Part of it.

7 DR. SHAPIRO: Okay. Anything else to come
8 before us today?

9 (No response.)

10 DR. SHAPIRO: If not, we are adjourned.
11 Thank you very much.

12 (Whereupon, the proceedings were concluded at
13 11:30 a.m.)

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