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CONFIDENTIAL ✓

Chris Howson, Ph.D. ✓ 6/20 SH
Project Director
National Academy of Science
Diet & Health Study
National Research Council
2101 Constitution Avenue
Washington, DC 20418

Dear Chris:

I am excited to see that you're staying on at the Institute and assuming the important responsibility of the Artificial Heart Program Committee.

I may or may not have told you (and this is strictly off-the-record) of how I was "fired" from the Cardiology Advisory Committee around the time of the 1977-78 decisions mentioned in your summary, because I spoke out against the development even of a prototype of the totally implantable artificial heart. My point was that developing a prototype results in a major vested interest by a government-university-industry complex which seeks implementation to justify its continued existence. I proposed that the Nixon decision on the SST was a model for eliminating even the prototype. Societal decisions cannot be made rationally after commitment to the development of prototype with such a large vesting involved. I felt that the scientific and ethical decisions needed to be made prior to that development. As a result of taking this position, I was prematurely retired from the Committee after one year of a three year term. I didn't protest because it was clear where things were going and I needed to focus on other issues.

I don't know the mechanics or the politics of Lenfant's decision to discontinue the Artificial Heart Program but Lenfant and the Advisory Committee responsible should, I expect, have put their heads on the line rather than submit to the political pressure that reestablished this research.

I am pleased that the IOM is now involved and that there are alternative proposals to the total artificial heart to be considered in your deliberations. I would imagine that you would have to address, however, the whole ball of wax, that is the total artificial heart, the left ventricular assist device and cardiac transplantation, in your deliberations as they are all so inter-related.

I am intellectually and otherwise opposed to the total artificial heart system approach. I believe the left ventricular assist devices should be evaluated only in terms of an overall approach to the future of cardiac transplantation. If you accept cardiac transplantation as a given, valid medical and societal approach, then it seems likely that you would have to support a reasonably safe ventricular assist device as a logical lead-in.

I regard the investment of resources in this area as generally inappropriate, even in our affluent culture because the deployment of such apparatuses will simply exaggerate our present medical-economic quandary. It may be short-sighted but I don't see that technological leadership in this particular field is a major consideration in the scientific and economic position of the United States. (But I was wrong 30 years ago about the "market" and need for pacemakers!)

As a member now of the Advisory Council to NHLBI, these comments will have to remain private and off-the-record. I would be happy to make them public, for what they are worth, but only after discussion with colleagues on the Advisory Council and with Claude Lenfant. Serving, as I am on the Council for the next three years, I am probably in a situation of conflict in regard to taking a formal position or any direct participation in the study plan.

Nevertheless, thanks for keeping me informed and asking my views.

Cordially,

Henry Blackburn (nf)

Henry Blackburn, MD
Professor and Director

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