

B11

I agree w/ everything you say. The "research day" might work, altho it will require a degree of courage & integrity on the part of our MD's that may not be forthcoming - as well as considerable astro trust.

As a matter of tactics, I am inclined to believe that you should toe down some of your statements - if you hurt their feelings too much, they won't listen to reason. See me for specifics

Je K

D R A F T

Subject: Medical Research and Clinical Evaluation on and of Astronauts

The nature of space flight makes it mandatory that rigid medical standards be imposed on individuals participating in such flight and especially pilots, copilots and others whose performance is crucial to safety (hereafter called astronauts). Further, these individuals must be tested periodically to insure meeting such standards.

Also by its very nature space flight makes the response, experience and bodies of astronauts a unique resource of technology and civilization itself. As such there is a moral if not administrative obligation on the part of researcher and astronaut to obtain the maximum amount of information possible from these unique individuals.

Unfortunately in the past these requirements have led to conflict, unfortunate incidents for individuals and less than optimum achievement of the two goals. It is to be hoped this was immaturity in a program which has now aged. Sources of conflict were several. First there was never any clear distinction made between medical studies required for mission safety and performance (hereafter called clinical exams) and those required for investigation. ^(called research)¹ There is overlap and ~~the world~~ of investigation ranges from mission essential to irrelevant but the life scientists in their zeal lumped everything as "medical" and tried to make it 'mission essential' in an effort to maximize data acquisition. A second major cause of difficulty arose from human personality and requirements for maximum public information about the ^{space} program. The result was that some medical personnel could not distinguish between pertinent public information, their own desires for public exposure and the appropriate professional handling of medical information. The resulting legacy is a tendency to call a press conference at the drop of a PVC.

¹ See Kerwin memo dated April 30.

A series of medical incidents that resulted in groundings cardiac catheterization or just plain embarrassment to the crew understandably brought the usual antipathy of pilots for things medical to full flower in most astronauts.

It is to be hoped that the program is now mature enough to overcome these problems and rise above certain legacies. Firstly the clinical and research aspects must be firmly and effectively separated. This imposes a severe restriction on the clinician, who may also be a researcher, to limit his clinical work to just that and not to take advantage of his position to sneak in a bit of special interest work. Conversely the research door should not be slammed in his face, as it has been in the past, by the director of research. When however, he wants to do research it must be treated as such and be so characterized. The clinician must also guard against use of research data in clinical evaluations. Finally and perhaps most importantly he should resist the temptation of publicity and the pressure of public relations to betray the doctor-patient relationship .

The researcher must be guaranteed his rights but must also recognize restraints as for example the categories of research that was well defined in the Kerwin memo. To insure⁴ research data base, collection periods should be available to him on a regular basis just as the annual physical is available to the clinician. One day maximum of base line data gathering₂ per year should be scheduled as the physical now is. This is in addition to any special premission testing. The latter should be reduced by such a data base. It is during this period

² The safety of testing must be under cognizance of clinical med.

that the clinician with research requirements can obtain his data. Again research must not be limited to only those fortunate enough to work for a single individual but to those qualified. The data base must be the minimum required and relevant.

With these safeguards I cannot believe the astronauts will not cooperate with such a program - at least until someone violates ~~his~~ ^{their} trust.

NB

Since a typical example is in process ^{ie} ~~the~~ the cardiovascular situation and I think this should be treated in view of the above.