

There is no certainty that they can breed a larger generation of investigators needed to control man's bodily disfunctions and psychological disorganizations.

Basic and clinical researchers must not be working in total isolation either from each other or the scenes of education and clinical inquiry. If, so to speak, we wish to land a man on the brain—to have available the technology and know-how which could improve and safeguard our mental health—we will surely need firm and steady support. This, in turn, means a new appreciation of the vast range of activities which—together—make modern public health possible.

We are approaching a crisis in our approach to health systems in our concern about their faults. There is, for example, humanely justified clamor that we should focus on the application of medical expertise in order to deliver equally and cheaply the very best of medical practice for each and every citizen. Yet, we are all too likely to promise—not more than we can deliver—but more than we know how to deliver, and hence to stumble into cycles of confusion. To know how means to try—and to systematically evaluate—and that means research which is surely being devalued in the press for action. If we wish to strive for quality, we will have to organize to do so and take many small steps—to make a giant leap.

In every sector of our social life we see dismay with the complexities, with the disarticulated systems which have resulted in urban chaos, threaten the balance of population and food; and attack those institutions and heritages which bind and mark us as a civilized culture. As specialization grows, each of us becomes poignantly dependent on some other party who is essential to our life scheme—whether they are plumbers or scientists. A patient surrenders his fate to the expert with whom he collaborates in the "doctor patient relationship" only by exercising belief based on justified trust. Yet, as every segment of our society appears increasingly to fragment into selfish groups clamoring for recognition and power, the very vehicles of trust—traditions and values—have lost validity in establishing the basic rules of conduct. In a general retreat from complexity—in an understandable demand for relevance—the expert and the establishment have been equated and devalued.

We demand rather than inquire, and impose rather than negotiate. If we indict, rather than investigate, we may well further undermine the very roots of trust which make our social practices—if not satisfactory—at least barely tolerable.

My point is that those who seek information about psychoactive drugs must be prepared to search through a complex of facts; to not hear ready answers; to not be satisfied either with hastily publicized findings or hastily legislated solutions. We need only call to your attention the current flurry of drug abuse bills, some good and some bad, which are being pressed in these very halls.

So, the crisis is a matter of general trust and depreciation of inquiry. As applied to drugs and the health network, our only hope is to use our heads—our best heads—and after a review, to come up with a sequence of plans and programs which may have a chance of helping us to live with the consequences of technology and the problems of pharmaceutical industry and medical practice.