

## EXAMINING A MEDICAL CARE SYSTEM

to be made), and how dependent the researchers are on the availability of more or less "captive" populations, ranging from prisons and orphanages to hospital wards and schools.

International comparisons show differences in statistical sophistication, customs of reporting clinical detail and, predictably, types of illness to which clinical research is applied. In Britain the reporting by several organized groups of researchers such as the Council for Investigation of Fertility Control and the General Practitioner Research Group is of interest. Informal groups are implied by the long lists of authors on some North American studies. It is hard to infer from these (and indeed from the British group papers) the extent of group rules and criteria and their influence on the research without more intimate knowledge. In at least some cases, the character of the research reported appears to be mediocre. Exploration of clinical trials is more applicable to the countries engaging in much research, but of course it affects all the countries in which the drugs are eventually marketed, and countries with developing pharmaceutical industries may have a particular interest in knowing which experiences of their predecessors can and should be avoided. There is certainly every reason to use such knowledge to develop social and scientific standards for clinical research through existing international organizations.

The study of important human activities from routinely available records poses many challenges to the inquisitive and offers rewards for persistence and ingenuity. With sampling tools and preparatory observation, this method is relatively economical and lends itself to a variety of research purposes, some more closely connected than others with administrative and policy implications. Perhaps the types of studies touched on here will suggest inquiries which are applicable and of interest in a variety of

social and political environments—in all of which a prescribing process is part of a medical care system.

## Summary

This paper has attempted to call to the attention of health workers, including social scientists, a variety of records which offer many opportunities for analytic research on the medical care system. Prescribing data tell about the attitudes and range of choices of the doctor ministering to patient needs and the relation of care decisions to socioeconomic context. The use of formularies as a standard of drug selection shows levels and paths of coordination within a hospital or system. The characteristics of research papers on new drugs cast light on the connections linking science, commerce, and care.

The frame for a drug research study can be a single institution or a small geographical area—or as large as a nation, and international comparison is one of the most interesting possibilities. It is hoped that this review of methods, selected findings, and insights will invite the reader to action.

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