

Since Information Isn't Free, Why Not Direct Stipends to Prime the Information Pumps?

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Several years ago, a symposium concerning a regional medical library for Philadelphia considered whether medical library service should be "free". My participation consisted of indicating two salient points: (1) medical information isn't free—it never was and never will be; (2) "free" information must be carefully distinguished from free access to information.

Nothing in life is really free, not even the air we breathe! *Someone* pays for it. An illusion of gratuity in anything is merely a sign of some private or public subsidy, of an inadequate or delayed accounting, or of some tacitly accepted sociologic shell game.

The fundamental question is not whether medical information is free, but rather who shall pay for it and how. I believe medical and scientific information should be bought directly by those who use it. Whether the government or some other group should subsidize the purchase through taxation or philanthropy is another question. I also believe that free access to published medical information should be available to all.

Like other professions, the practice of medicine requires various business expenses. One expects these expenses to be passed along to user-customers in reasonable fees for services rendered. Information retrieval in the legal profession is well established as a necessary expense. In medicine, it is not. Unlike the lawyer, a physician would be loathe to tell a client that he had to do a literature search before he could provide medical advice.

Medicine enjoys a special status among professions, and it should. As always, it

continues to be a *dangerous* profession. The gibbet and axe once awaited the physician who bungled his treatment of a few rich and powerful patients. Today the malpractice suit haunts him, and lately we have seen that expressions of professional opinion may constitute libel.<sup>2</sup> Nevertheless, medicine still preserves a suggestion of its historically sacral aura. The sovereignty of its involvement in the postponement of infirmity and death is obvious. The irony of modern medicine is that its success has created a whole new field of thanatology that brings together doctors, ministers, and priests at the moment of the doctor's ultimate defeat.

The god-like esteem the doctor receives fosters an attitude about education and information that in today's information-rich world can be disastrous. Consequently many physicians feel they don't need information, and when they do most feel the information should be provided "free". It is paradoxical that these same persons resent the idea that the government should provide equally free medical care.

Every young physician today realizes that his medical education can't provide him everlasting competence. Recently an editorial in the *New England Journal of Medicine*<sup>3</sup> called for a new system of education that will prepare its graduates for "making effective use of information that will come to be available at an increasing rate over their lifetimes." A first step in that process was to be development of "skill in using available sources of information and retrieval."

The sources that are available are varied, ranging from the tax-subsidized "free" services of the government to the privately financed services of medical

publishers and information companies like the Institute for Scientific Information.

In the United States, we are accustomed to a system of "free" education and "free" libraries—that is, a system in which their cost is financed through taxation of users and non-users alike. The effect of all this is all too familiar. The user surrenders his right to expect or demand competent performance. In a progressive and truly competitive business environment, such protest is readily accepted, and more often than not, acted upon.

Ironically, the concept of "free" education and library service has adversely affected the livelihood, professional development, and status of teachers and librarians. Though the situation has improved in recent years, a stereotype of the medical librarian persists among physicians. It is not surprising that they often expect librarians to jump through hoops like the circus elephant working literally for peanuts.

It is unfortunate that so many governmental programs—which I recognize as fully necessary—deprive members of the public of the right to pay, and along with it of the right to specify, to choose, to complain, and to insist upon competence in so many types of service. I'm afraid this viewpoint has been misunderstood by some of my professional colleagues, who ascribe it to the inherent hostility of a private entrepreneur towards all government or government-supported programs.

Such is emphatically not the case. It would be foolish to claim that an institution like the National Library of Medicine is an anticapitalist anomaly. The origins of the NLM were justly described by Osler as one of America's greatest contributions to medical science. Like the Himalayas, the NLM is there. But the qualities that characterize unique institutions like NLM or the Library of Congress mitigate against the flexibility and responsiveness required to meet the differing and changing requirements of individual citizens.

Governments and bureaucracies frequently attempt to acquire flexibility and

responsiveness by enlarging an established bureaucracy or by establishing another. With new blood and enthusiasm it may work, for a while. But the metamorphosis of even the most unlikely governmental offspring is as inevitable as that of any larval moth or butterfly. Eventually it must and will become itself.

What does this have to do with "free" medical information? Till now we have thought of subsidizing the direct provision of service from taxes. I should like to suggest that government and philanthropy think of subsidizing the exercise of choice. The effect should be extremely salutary.

In my capacity as President of the Information Industry Association, I have prepared a proposal to create legislation for establishment of a National Information Funding Authority. Through this Authority, funds would be channelled directly to information consumers so that each one could choose and test from the variety of commercially available information services those most relevant to his needs. Direct stipends would be allocated to scientists based on simple criteria, such as size of research grant, number of scientists to be served, etc. In some instances scientists would pool their information stipends to augment or refine the services of local libraries. Such a step might indeed release local funds for improvement of other centralized facilities, but whatever the case, the use made of the stipends will have been the result of conscious evaluation and choice. None of these stipends would be permanent. Eventually the user of information must become conscious of its value as a commodity and recognize that it is not free. Eventually I would hope that this approach would be adopted by international organizations in developing information consciousness and utilization in developing countries.

1. Garfield, E. *Proceedings of the Philadelphia Regional Medical Library Conference*, January 28, 1967 (Philadelphia: College of Physicians, 1967), pp. 53-55, 60-61.
2. Robb, D. Scientific publishing and the law. *New Scientist* 55(809): 335-336, 1972.
3. Rosenberg, E. W. Who's out of date? [An editorial in] *New Engl. J. Med.* 284(15): 850-851, 1971.