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Richmond W. Smith Jr.

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## Research in the Service-Oriented Institution†

Richmond W. Smith Jr., MD

Research is the critical and exhaustive investigation or experimentation that has for its aim, according to Webster, "the revision of accepted conclusions in the light of the newly discovered facts." To so consider the primordial thrust or *raison d'être* of research as a revising of existing knowledge is to encourage the view that research is a thing unto itself. For the profession of medicine during these past several decades, this view seems to have applied. Now being cited are the number of misdirected, almost counter-social research activities which too often were motivated by notoriety and intellectual self-gratification and too frequently were the stimulus for further professional subspecialization.

If a philosophic consensus has existed at Henry Ford Hospital, it might be identified by the viewpoint that revision of accepted or established conclusions is not the aim but the result of research, as are the personal satisfactions for those involved. Psychic and physical energy, intellectual discipline, and a willingness to sacrifice often will be dissipated or frustrated if mystery is not recognized as the essential ingredient of research. Mystery is the mother of curiosity, and curiosity is the plasma, the ground substance of inquiry; and inquiry is an ordered, directed curiosity which stems from an integration of knowledge. Some professionals in medicine might respond to a question about the nature of their life work by saying "I'm in research", or "I'm a part-time investigator." The professionals in the practice of medicine at Henry Ford Hospital would hope that such replies indicate an essential curiosity about life, about man — his environment and his diseases. For them, research is not an entity, not a career, not a profession. Nor

is research a commodity or a business. Research in and of itself has no monetary value — only some of its products do.

The cardinal point of these comments is that research, good and meaningful research, can be done in many settings, and it has been so pursued at Henry Ford Hospital. Here, for the clinical staff, it has received that degree of institutional support which at least insured an unencumbered exercise of the physician's curiosity. Clinical investigators were not sought primarily to fill laboratories and to use equipment, nor were laboratories built and equipped to titillate physicians intellectually. In the past as today, once the institution recognized in the person those credentials of curiosity, originality, intellectual discipline, and commitment, then appropriate financial support and adjustment of professional time were approved through peer decision for the pursuit of research.

A similar policy for the clinical staff has prevailed at the Mayo Clinic, the Cleveland Clinic, and other nationally recognized organizations of primary orientation to medical service. The substantial research support given by these private practice groups reflects, in the final analysis, their conviction of its essentiality for the success, indeed the survival, of the corporate professional practice. For those in medicine with administrative, legislative, or financing responsibilities, research may seem a questionably defensible expenditure. Costs for medical research are exceedingly heavy, for reasons quite evident. In this era of molecular biology, highly sophisticated scientific equipment and skilled technicians are essential, as is the need to adopt the team or interdisciplinary approach to unsolved issues. The federal largesse of the last two decades has run out, and the funding squeeze has been felt most severely by all institutions with research commitments. Although profoundly disturbing to the research establishment at large, these strictures of the past four years or so have had some salutary effect. As long as peer judgment has been exercised in establishing priorities, the effect has been to curtail or eliminate first those investigators and laboratories which

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† This essay on research was prepared by Dr. Smith as background for the presentation to the Ford Foundation, seeking the 1973 grant. As a result of this successful presentation, the Benson Ford Education and Research Center was established and the appointments of new Clinical Investigators were funded. This was the beginning of a new era for Henry Ford Hospital. Written during what Dr. Smith has called "those trying but rewarding years in the early 70s," this essay reflects a view of research he still holds to in 1980. —Ed. Note.

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by tough standards had been misadventures. There has been a forcing into medical practice some of the seemingly excessive numbers of physicians previously confined to the protective environment of laboratories.

For institutions such as Henry Ford Hospital, which have matched or exceeded federal or other external support with monies from service-generated revenue, the financing of research has become equally critical. Although never a wholly defensible policy, the budgeting of research costs against practice income no longer is acceptable, particularly so for the publicly accountable insurance carriers.

The service-oriented institutions must turn to other support if they are to continue to embrace medical research as essential. It would be an erosion of professionalism to think otherwise.

Research is a leavening influence among practitioners. Research is an intellectual conditioner for the physician in his reasoned approach to diagnosis and therapy. Research is a regulator or governor which can give to the physician a modesty and, at times, a humility to his actions. For these ends alone, it must not be allowed to succumb to the pragmatic, the relevant, or the expedient.