

Broader vision for the Medical Research Council of Canada

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A significant change in the direction of research activities has taken place at the Medical Research Council (MRC) of Canada. Up until this year, MRC's research focus has been basic and clinical in nature. As of this year, the role of the MRC has been expanded to encompass the full range of health services research, and currently all of MRC's grants and awards programs are open to applicants in the full range of health research.

The MRC was established by the Parliament of Canada in 1969 and it has always reported directly to Parliament through the Minister of National Health and Welfare, now the Minister of Health. It receives its funding from the Parliament, and during the fiscal year 1994-1995, MRC's budget is over \$247 million, of which approximately \$240 million will be used for supporting research and research training.¹

Over two years ago, the MRC launched a strategic planning operation for the purpose of examining its mission and research activities. MRC's Strategic Plan, published in 1993, signalled that the MRC would enlarge the scope of its activities beyond biomedical-clinical research and would provide support for health researchers and investigators outside this restricted health research domain. In addition to advisory committees, a Task Force on Health Research was assembled to advise the MRC on how to pursue this new direction. The Task Force consulted extensively with and requested input from various health care stakeholders, including chiropractors, and generated a Report this past March in which several recommendations were made.² From these recommendations and MRC's response to them four main themes emerged:³

- "the Council is to offer national leadership for the development and coordination of a health research agenda for Canada, working with new and established partners";
- "the Council will open up all its programs to investigators from all disciplines in health research";
- in so doing, the Council commits itself to providing fair and equitable peer review to researchers from all fields of health research";
- "the Council accepts a major responsibility for facilitating the dissemination and application of the results of research."

That the MRC has broadened its "scope of research" beyond the clinical biomedical sciences comes as no surprise and is reflective of the state of our contemporary health care system. In this era of spiralling health care costs and budgetary constraints, governments have on their health care agenda cost containment, an emphasis on outcomes of health care services and the allocation of health care resources to services of proven cost-effectiveness. Dwindling health care dollars has forced policy makers and system administrators to evaluate the wide spectrum of health care interventions funded by the public purse to seek ways to improve efficiency. As a result, health care providers

have become more accountable for their conduct and have had to cope with a plethora of outcome assessment studies, a trend which is certainly here to stay. One can make the strong argument that health outcomes research has now become an essential component of health policy making, and that decision-makers are pursuing health reform and developing policy based on demonstrable evidence of cost-effectiveness.

What does all this mean for chiropractic? In my opinion, a message has been conveyed by a prestigious government supported "medical" research organization: clinical medicine is not the sole entity in health care and it is time to realize this. Since the medical-illness model is not the only approach to health, why should federally funded health research exclusively follow this direction? More open-mindedness with regards to the contributions made by professionals in various health disciplines has been established and this will likely create progressive opportunities for chiropractic researchers and more collaboration between health care providers.

The chiropractic paradigm of health care emphasizes the importance of holistic care. Prevention, promotion, and psychosocial, environmental and behavioral factors have always been regarded as important determinants of health by the profession. Proper health care should include these psychosocial dimensions of health, and the new direction taken by the MRC will probably result in more research in this area.

The MRC's broadened vision of health research could imply that chiropractors are now on a more even playing field with the more "traditional" health researchers. But just how equitable will the MRC's peer review of research grant applications be, considering the MRC's unfamiliarity with disciplines such as chiropractic? And how will the medical community react to the reduction of funding for basic biomedical research which will no doubt result from this expansive distribution of research resources?

Finally, it is very encouraging to know that the MRC will now be supporting studies designed to examine and improve the efficiency and effectiveness of our health care system for the purpose of providing the most cost-effective health care to the Canadian public. Research of this type will certainly reinforce the fact that chiropractic care is a unique, essential and cost-effective health service which has an integral role in our health care system.

References

- 1 Medical Research Council of Canada. Grants and Awards Guide, 1994.
- 2 Medical Research Council of Canada. Investing in Health: Sharing the Vision. Report of the Task Force on Health Research to the Medical Research Council of Canada, March 1994.
- 3 Medical Research Council of Canada. Newsletter, April 1994.