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From the Editor’s Desk

THE NOBEL PRIZE AND MAINSTREAM MEDICINE

A recent gathering of clinicians was asked: “Who won the 2004 Nobel Prize in Physiology or Medicine?”. The silence was telling. The revelation that it went to two US researchers for “their discoveries of odorant receptors and the organisation of the olfactory system” was greeted with an incredulous “Is that so?”. “A Nobel Prize on the nose!” was one mischievous rejoinder. Obviously, the Nobel Prize was not very important to these clinicians.

Not so for researchers. Many silently dream of receiving that call from the Karolinska Institute inviting them to join the ranks of Nobel laureates in physiology or medicine.

From 1901, there have been 182 such laureates. Up to 1950 there were 57, three out of four of whom were European, and whose discoveries were mostly aligned with clinical medicine. Another 125 have since followed. Now, one of every two come from the United States, and their discoveries are predominantly in basic research and somewhat removed from clinical medicine.

Does this matter?

In establishing his Foundation, Alfred Nobel sought to impart his wealth to people “who, during the preceding year, shall have conferred the greatest benefits to mankind”. This being so, why was the Nobel Prize in medicine not awarded to Salk or Sabin for their work in preventing polio, which is indeed of great benefit to mankind? Or to Bradford Hill for his groundbreaking concept of the randomised clinical trial, or his work with Richard Doll on smoking and lung cancer? These, too, have been of enormous benefit to mankind. And there are many other significant omissions.

If, as in recent times, there is an overwhelming preponderance of awards for basic research, the Nobel Prize will become largely irrelevant to mainstream medicine. Surely, there should be a new category — a Nobel Prize in Clinical Medicine.

Martin B Van Der Weyden

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