

ARGONNE CANCER RESEARCH HOSPITAL  
operated by  
THE UNIVERSITY OF CHICAGO  
for  
THE U. S. ATOMIC ENERGY COMMISSION  
950 EAST 59TH STREET  
CHICAGO 37 · ILLINOIS

Office of the Director

March 22, 1962

REPOSITORY DOE REC HOLD CENT  
COLLECTION RG 326  
BOX NO 326-78-3 #4  
FOLDER MHS (39) (41VI)  
1962-1966

Dr. Charles L. Dunham, Director  
Division Biology & Medicine  
U. S. Atomic Energy Commission  
Washington 25, D. C.

**PRIVACY ACT MATERIAL REMOVED**

Dear Dr. Dunham:

Re: Interview with

who is a 57 year old office employee at the Northwestern Railway Company came to my office today with D. M. Gardiner and F. C. Mattmueller of the Chicago Operations Office. You are already familiar with the letter she wrote to Senator Douglas in which she was concerned about several problems. The questions posed by \_\_\_\_\_ and my answers can be summarized as follows:

1. She wished to know why she was in the Argonne Cancer Research Hospital if she wasn't a cancer patient. I explained to her that Dr. Kappas and others such as myself utilized the ACRH primarily for our research patients and whenever possible would have our non-research patients in ACRH for our own personal convenience and that of our house staff. She seemed to understand and accept this explanation since she has been in other parts of the University Clinic Hospitals and realizes the distances one would have to travel between patients if they were scattered.
2. She wished to know what research had been done on her. I assured her that none had been done. She referred to the fact that a new anti-arthritic compound had been given to her in the hospital. I explained that this was not research since this compound had already been pre-tested by others and that we as physicians regularly use such compounds and determine if there is any possible advantage to the patient over other similar drugs.
3. She wanted to know why she had been offered a free bed in ACRH by Dr. Kappas. I told her I did not know specifically what Dr. Kappas had discussed with her, (Dr. Kappas has been in England since approximately June, 1961) but that patients who require hospitalization for one reason or another are occasionally placed on free beds, or

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free above insurance, if a research procedure is being considered by the physician. In her case she had insurance and insurance paid all her bills. She was not on a free bed. If research is carried out on the patient, then it is all explained to the patient beforehand and the patient retains the prerogative to say yes or no to the procedure. If the patient were to refuse as occasionally happens, the normal therapeutic and/or diagnostic aspects of needed medical care would nevertheless be done.

If a patient were admitted for the possibility of a research procedure, the procedure may not be done, because, for one of many reasons it may be determined that the patient is unsuitable for the research procedure. I gave her several examples of this; such as patients admitted with known cancer of the breast; with metastasis, who are candidates for yttrium hypophysectomy; but for medical reasons which are uncovered on workup are found to be unsuitable.

4. She wanted to know why she was moved from a room on 1-4 ACRH to a private room on 1-3 ACRH. I told her that I didn't know the specific reason because no regular record is kept in any of the hospitals as to why a patient is moved. Obviously this might occur because a patient requests it. I told her that in the ACRH patients are moved from the 1-4 metabolic unit where she was, (she stated the nursing care etc. was wonderful and in general that better overall conditions existed there than in any hospital she has ever been in), to another part of 1-4, or to 1-3 if as in her case no research was done and the "bed" was needed for another patient on whom research was contemplated.
5. She complained about the housekeeping related to her 1-3 room. I told her that housekeeping on 1-3 and 1-4 was more carefully done and supervised than in any other part of the University Hospitals because of the fact that isotopes were used in the ACRH.
6. She complained about the heating in her 1-3 room. I did not discuss this with her but I have been unable to find anything to substantiate her complaint.
7. She complained about a number of other things which relate to her medical problem and professional care. These aspects are in the chart which I have gone over carefully. I cannot discuss these aspects in this letter since the chart, as you know, is considered a

confidential document. Furthermore, this aspect of the problem is by contract the responsibility of the University of Chicago Clinics. However, you or whomever you may wish to designate can, of course, look the chart over upon consent from

I reiterate, the above merely summarizes my conversation with and that while we touched on many operating policies of the University of Chicago Hospitals and Clinics and the ACRH, we by no means covered all the policies in detail.

Sincerely,



Leon O. Jacobson, M.D.

LOJ:bp

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