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A publication list in English is available on request. In general, the institute's reports are in Norwegian.

GROUP FOR HEALTH SERVICES RESEARCH

By Peter Hjort

The Medical Research Council (MRC) is one of the five councils under The Norwegian Research Council for Science and the Humanities (NAVF). They are all financed by public money. In 1976 the MRC established a group for health services research. The group has eight researchers — four doctors, a nurse, a sociologist and two economists. Its budget is about 1 million kroner or 7% of the MRC's total budget. The group is supervised by a small board, headed by the Director-General of Health, Torbjørn Mork.

We try to select large problems for investigation, problems which may be influenced by research. We, like others, are interested in resources and — especially — in value for money. However, we try not to be obsessed by money. The health service is here to spend money, not to save money. The goal is a service which is good and effective, not necessarily cheap.

We try to work with people in the health service, but on problems we have selected. Naturally, these problems are selected because something should be done about them. There is no need to investigate the perfect. Therefore, our research is critical, but constructively so. Unfair criticism will not lead to change and improvement.

Here is a list of projects:

- Care of the dying in two hospitals in Oslo. The study is based on interviews with relatives.
- Organization and financing of primary care in Oslo, correlations between type of practice and pattern of work. Information

Sykehistorier (Meddelelser fra Den norske sykehistorieforsknings) 1979; 42 (No. 4): 267-8.

- has been collected on 85% of Norway's 1600 general practitioners and on 35 000 consultations.
- A program budget for the public care of the elderly 1975—1990. Norway spent 12×10^9 kroner on the elderly in 1975. Alternative profiles and plans are represented and discussed.
 - A study of the over-80's living at home in Oslo. Two groups are compared, one with standard care and one with improved home care.
 - A treatment program for hypertension based on epidemiological data from Bergen. Possible benefit is calculated in potentially gained life years and costs are calculated in money. The program is now put to trial in North-Trøndelag county.
 - A study in regional differences in the use of drugs. The differences are large, and regression analysis shows that a substantial part of the differences must be due to individual variations between doctors in prescription habits. The study points to the need for treatment programs to improve the quality and fairness of medical service.
 - A study in medical professionalism — origins, present trends, consequences and possible management.
 - Needs and resources for health services in the counties. The study shows that we need better regional statistics and some regional redistribution of resources.
 - Lost life years in Norway, a statistical study of the significance of the various causes of death. Accidents are a major cause of lost life years.

In addition, we are involved in a number of local projects. We regard this advisory role as important, since local projects create interest and have an important potential for change.

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