2. Further delay occurs because of the need for clinical testing.

3. When the information is finally released there are varying degrees of receptivity and understanding. Here we deal with a variety of variables which include initial training and continuing education of physicians. Medical educators, both basic scientists and clinicians, and medical societies must play an important role in narrowing the gap between delivery of research information and its clinical application.

Corrective measures in this regard are mostly likely to be effective if medical students, fellows, and house officers in training are adequately prepared to receive and evaluate research data. This requires improvement in the teaching of basic science, biostatistics, and clinical pharmacology during medical school and post graduate training programs. As a teacher of students and physicians in training during their formative years, one is aware of the need to stimulate them to share in the joy of learning. Such an effect develops and fosters intellectual curiosity, critical thinking, and the self discipline required for continued intellectual development throughout their careers.

During their period of formal training they will recognize the need to continue their education once they embark upon their careers as practitioners. Reading current literature, attending medical meetings, utilization of self educational material, and attending specific post graduate courses are effective approaches. Physicians should be urged, if practicing in groups, to exchange information and ideas with peers. Journal clubs and conferences could be developed. As a former practitioner, I found that becoming a part time teacher at a university affiliated hospital was an excellent learning experience and a considerable stimulus to encourage my own intellectual development. Medical schools should encourage suitably trained physicians to participate in clinical teaching.