disposal, particularly in comparison with medical institutions and medical societies. Make no mistake, modern educational materials are costly. There has been a growing sophistication in the techniques used to educate people, and the old methods—lectures, review articles, textbooks—are perceived by some as dull and tedious. Instead we now have learning systems generally involving films or videotapes accompanied by elaborate graphics and self-instruction materials. It may well be true that these newer kinds of materials can be prepared only with special subsidies, assuming their added value as educational instruments is worth the extra money.

There is a cost involved, however, in giving substantial control over that subsidy to the drug industry. That cost is the introduction of systematic bias. Without contending that industry-supported materials are regularly inaccurate, which is not the case, I believe that these sponsored materials are consistently tilted in the direction of therapeutic enthusiasm. There has been a rapid growth in expensive, slick audiovisual materials, conferences, symposia, and publications which have the appearance of independent, scholarly productions but which are in fact an integral part of the drug industry's overall promotional efforts, a more subtle part, of course, than straightforward promotional materials like advertising.

Let me emphasize that the systematic bias I am describing does not arise because the medical authorities who contribute to these teaching programs present knowingly biased views because of pharmaceutical industry support. The problem is not that drug industry money corrupts medical experts, in my view, but rather that the industry sponsor can choose from among the many medical authorities on any given topic to support only those whose views already coincide with the interests of the sponsor. This ability of the pharmaceutical industry to select the medical authorities it wishes to support is the basic cause of the biases we shall see.

Mr. GORDON. Let's take a specific example. The Pfizer Co. sponsored on January 21, 1976, a nationwide, live, closed-circuit television symposium. Do you have a list of the physicians participating in the symposium?

Dr. CROUT. Yes.

Mr. GORDON. Were the participants generally those who use the oral hypoglycemia drugs?

Dr. CROUT. I am not sure that I would say that was their uniform position. Let me phrase the question slightly differently. Do they favor the use of oral hypoglycemia drugs without what I would consider sufficient sensitivity of the University Group Diabetes Program [UGDP] study? The answer is, yes.

Senator NELSON. We had some rather extensive hearings on this question on two occasions and my memory is that even the critics of the study and proponents of the use of hypoglycemics—I would have to check the record on the percentage—stated that probably not more than about 1 percent of diabetics who use these drugs should be using them in contrast to a diet, and that in those cases, they were simply people who could not be relied upon for some reason or another to stick to their diet.