that is, if we are developing a program which includes in its criteria a total number of directional inputs and content control from all of the major factors in the medical community involved in that particular field of medicine, and then providing that, handed out by the pharmaceutical representative, what we have done is we have controlled the content and the quality of the type of story, the dialogue between the representative and the physician to the greatest extent that we possibly can—that is what we do, and that is what we attempt to do.

Senator NELSON. Well, that is the purpose of the hearing. But I think it really raises the fundamental question of whether drug companies, promotors of drug products, should be allowed by hospitals and physicians to intrude into the education business in any fashion whatsoever since everybody knows their bias.

In other words, would it not be much better if they were just out of this business totally, and if all of the postmedical education were in the hands of the scientific community and the medical schools, since, it seems to me, there is no way to avoid the interjection of substantial bias and/or ban prestige and benefit to the promotor of the sale of drugs?

Mr. CALESA. Well, Mr. Chairman, again I have to say that by virtue of the fact that we address ourselves in every case to direct sponsorship by a medical school or a medical school department, we are, in fact, doing exactly what you are saying, which is keeping control of the course within the medical school and the medical universities.

What we are doing, and what we happen to believe in very strongly, is a spirit of cooperation, and that spirit of cooperation asks that all of us provide the resources that we have, that they can contribute most effectively, and what the pharmaceutical manufacturer is contributing, based on the criteria we have outlined here today, are fundamentally financial resources and distribution resources.

Senator NELSON. I understand that.

Since I do not know, let's assume that your programs or anybody else's programs paid for by the drug companies are of the highest scientific quality. Let us assume that.

That probably is even worse, as a matter of fact. If they were of low quality, it might be ultimately beneficial to the medical profession because the reputation of the company would not be enhanced.

What you really have is you produce a high-quality program. So, there is this wonderful company doing these wonderful things. However, in the promotion of their drugs elsewhere, in the medical journals and in the throwaways, none of that criteria is followed, except that which is forcibly imposed upon them by the FDA; so, they have the prestige now because they did something very high quality on hypertension.

Now comes their promotion of drugs in that field, or in any one of a dozen others. The physician already has subtly been co-opted by the company because if they produce such a good program on hypertension or something else, what they are saying over here in their advertising and promotion must be of the same quality.