

Act poses no threat to . . . the voice of any medical opinion on drugs, providing industry funding of that communication is not involved."

It is about as frustrating to respond intelligently to these cleverly worded statements as it is to come to grips with a bowl of Jello. The anecdotal evidence that Dr. Crout occasionally provides is exactly the sort of material he so rightly rejects when presented in support of drug claims. We find it inconceivable that, without more substantiation, Dr. Crout would charge the pharmaceutical industry with attempted subversion of CME, medical journals, and the medical profession.

We do not believe that the influence of the pharmaceutical industry on continuing medical education is a threat to the integrity of the profession. We do believe that such influence exists, just as we believe that influence on continuing medical education exists from Government sources such as PSRO, NIH, and FDA. Wherever money or politics provides power, pressure and influence are bound to exist. Pharmaceutical advertising supports all of the major medical journals and many of the minor ones. Directly or indirectly, pharmaceutical advertisers in some instances may influence selection and direction of editorial content, a condition that responsible editors abhor and that should be corrected. The frequency with which this occurs is unknown; in fact, Dr. Crout did not give a single documented instance. On the whole, industry support of medical journals has been beneficial rather than detrimental to the profession; without it, many valuable publications would die or become sere and insubstantial.

Dr. Crout's attitude toward the medical profession is condescending if not outright condemnatory. "I do not consider my colleagues to be pawns of the communications industry," he says at one point. Yet the wording of his statements implies that the typical practitioner has no more brains than a turkey.

Is it really possible that physician readers are permitting themselves to be corrupted and duped by jellyfish editors who quiver in response to a frown or a finger pointed by a pharmaceutical advertiser? We infer from his words that a doctor reading a controlled circulation journal could not discriminate between factual and biased information on unapproved uses of drugs. He confuses the issue by further suggesting that the reader would be magically protected from distortion and harm if he were to read such information in scholarly medical journals. These innuendos insult both readers and editors.

Which are the "scholarly" medical journals? Of journals with greater than 70,000 circulation, he names only two, *JAMA* and the *New England Journal of Medicine*. Both are substantially dependent on pharmaceutical advertising as a source of revenue, yet in Dr. Crout's cloudy vision, the editors of such scholarly journals would be immune from the kinds of advertiser pressure that supposedly affect those of us who have fallen from grace, the editors of controlled circulation journals. Speaking for *Patient Care's* editors, we find this comparison invidious and repugnant. We, like the editors of *JAMA* and the *New England Journal*, have a responsibility to our readers and their patients, a responsibility faithfully executed for nearly 10 years with credibility and acceptance by practitioners and academicians.

Every article in *Patient Care* is researched with the help of not one but several consultants. It is reviewed by still other consultants and by a panel of reader representatives (true peer review). It is published with a fair and clear expression of both majority and minority opinions. Our review practices are independent and rigorous, subject to no single influence, but responsive to the plurality of influences that are a part of our free society, most particularly to the influence of our readers' needs.

For the record, we must also state that *Patient Care* articles have been skeptical "toward drugs in general or toward specific drugs" when warranted in the opinion of our consultants; and we can document this statement with references.* *Patient Care* editors do not give advertisers the opportunity to rebut material adverse to their products as a matter of policy, though we are not afraid to recognize that a manufacturer is a knowledgeable resource about his drug. Nor does *Patient Care* permit its advertisers to select its medical authorities; what is more, we have not been asked to do so.

In fairness to Dr. Crout, at no point did his testimony level such charges specifically at *Patient Care*. In fact, he singled out a *Patient Care* article on oral hypoglycemic agents** as discussing the implications of the University Group Diabetes Program study "in a balanced way, ultimately taking a middle of the road position."

This minor compliment notwithstanding, Dr. Crout's broad based attack on the drug industry and on controlled circulation medical journals is undeserved and uncharacteristic of him. We choose to treat it as a momentary aberration caused by Potomac Fever; we take his word that he is not campaigning for FDA regulation of the editorial policies of journals whose financial support comes from pharmaceutical advertising. But on the outside chance that his testimony was a trial balloon for such regulation, we are putting this response on the record and encourage you to write to him*** with your reactions (copy us if you will).—LAM

***Sorting out options with specific antibiotics," November 1, 1973, page 43. "Propranolol for which angina patients?" March 15, 1974, page 92. "Symptomimetics—Controlling perfusion in cardiogenic shock," June 15, 1974, page 20. "First things first in drug interactions," December 1, 1974, page 171. "Meeting first challenges in stroke," April 1, 1976, page 24. "Choosing diuretics for optimal results," June 15, 1976, page 22.

**See "Oral hypoglycemics? Yes, No, Maybe." *Patient Care*, February 15, 1976, page 102.

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