

Fourteenth, that all material clearly identify the medical center and association sponsors, the producer, and the manufacturer providing the educational grant. And finally, that the manufacturer actively participate in the distribution of the program.

If these criteria are met, we have the basis for achieving a common objective of our organization, academic medicine, organized medicine, the pharmaceutical industry, and the Congress in providing better patient care through education. The most important result is decreased morbidity and mortality for the patient and a reduction in health care costs brought about by knowledge in the diagnostic evaluation, laboratory procedures and management alternatives. The medical academic community and Federal health agencies should be praised for their contribution, and the pharmaceutical industry should be encouraged and praised for its support.

It must be pointed out that there is a difference between what I have described as education which does not meet all drug labeling requirements and education which does meet all drug labeling requirements and is considered as advertising.

If all education supported by pharmaceutical manufacturers is to be considered as advertising and thus subject to all drug labeling requirements, serious shortcomings will occur. First, that automatically means that the pharmaceutical manufacturer will be involved in the selection of physician participants and that they will review, edit, and have final approval of all content. The reason is that they must protect themselves against physician participants saying anything that may be considered accepted medical practice or the individual physician's opinion but deviates from the approved labeling. The