

materials are regularly inaccurate, I believe that these sponsored materials are consistently tilted in the direction of therapeutic enthusiasm. There has been a rapid growth in expensive, slick audio-visual 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, 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.

In the discussion to follow, I will present a number of examples of medical communication which will illustrate the problem I have been describing. In some cases these merely present a particular