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The relative impact of these different educational opportunities on physician behavior is not clear. Physicians are trained to think for themselves, to be critical, and to engage in life-long learning. I do not consider my colleagues to be pawns of the communications industry. Nevertheless, it is reasonable to ask why our profession should be subject to an onslaught of allegedly educational material, not subject to the kind of independent review given the scholarly medical literature, which is financed by the drug industry, and ultimately paid for by our patients.

My concern, Mr. Chairman, is with this system, because it places the post-graduate education of an entire profession too much under commercial, non-university influence. I believe it is self-evident that the drug industry would not be supporting this field so heavily if it did not believe such support was beneficial to the sale of drugs.

Let me also emphasize that, while I have used the words "physician" and "drug industry" throughout this testimony, a similar situation applies to other health related professions and industries. The post-graduate education of dentists, veterinarians, and pharmacists is also heavily influenced by the drug industry. Nor is this industry alone in its behavior. My testimony applies equally well to the medical device industry and the diagnostic products industry.

The best solution to this problem is easy to describe in concept, but difficult to envision without major changes in the whole structure of post-graduate medical education. As I have emphasized repeatedly, I