go into medical facilities. I think it is important that we have some way of looking into the total extent of this cash flow. In brief, I would say that we should have a better surveillance of the way pharmaceutical companies support this kind of "research."

Indeed, there are already ways in which pharmaceutical companies can contribute to a general research, and use acceptable protocols under tight surveillance, by utilizing review procedures by organizations independent of pharmaceutical companies. Contributions to medical research are very much needed and I am sure there are ways in which this can be done, but I believe we should look into the ways in which their present tactics are tied in with the so-called "research."

A third area of concern it seems to me actually brings up an area in which I touched upon before this committee in 1972. I had suggested at that time that Congress establish a committee of "blue-ribbon untouchables" very similar to the Council on Pharmacy and Chemistry previously active in the American Medical Association.

This possibility deserves further thought and discussion, especially since it drew the fire of no less a spokesman of the AMA than the late Dr. Morris Fishbein.

Such a committee I think would have a number of important functions, one of the things that seems to be missing in the Federal Government is that of having a responsible agency which authorizes, or looks into the way money is spent for drugs. Millions of dollars are spent on worthless drug products by the many medical facilities of the U.S. Government at this time, and I think we must look into this and eliminate the waste.

This committee could implement another thing that has been touched on this morning, and that is the necessity of having phase IV studies. We do not wish to impede the bringing of important new drugs into medical use. What we do wish to emphasize is the fact that many drugs come to medical use in which the long-term effects are in fact not known.

Dr. Nora and others have touched on the fact that long-term studies of a retrospective nature are not usually very productive. Phase IV study implies that continuing information will be gathered after the drugs are put on the open market in order to retrieve long-term answers to the questions of efficacy and safety. It seems to me this needs to be looked into.

This "blue-ribbon" committee should have one other function. As I had previously proposed, there is need for consumer information on drug usage, and a need for the production of a consumer package insert. This is also a recommendation I made before this committee in December 1972. I think the people expect to have this kind of consumer education, and I do not believe it can wait until other anticipated far-reaching legislation in the health insurance field comes down.

Finally, there is a very difficult new area of concern which I can only look upon without definite knowledge of how it might be solved.

The pharmaceutical houses have stepped into a void of continuing medical education. I am not sure how we can again gain control of postgraduate education of the medical profession, but as we go into a period in which the Federal Government becomes more and more interested in medical practice we must all look into this more carefully.