

15558 COMPETITIVE PROBLEMS IN THE DRUG INDUSTRY

is "appropriate" to the present situation in Spain and in another sense it is not. They said the Monograph should be stronger, more like the United States label for the best health for the Spanish people.

The health regulatory agency does not require: recall of old-labeled stock, ~~advertising on the product~~ nor does it require warnings on advertising. He showed us horrible examples of such advertising which the health regulatory agency is unable to control.

One of the doctors also read to us an incredibly long list of all sorts of forms of presentation of a Musik (?) product as an example of a very bad product, greatly pushed, and very much used. He spoke also of another very poor and dangerous product; for the right to sell it, he knew that bribery had been involved, having heard certain orders given over the phone.

One of these doctors we interviewed has done a very painstaking study with many charts graphically portraying the inadequacies - and worse - of much of the product information supplied by the pharmaceutical companies. By going into this more fully in the notes, we are afraid that we might identify the author of this study and in the present political climate of Spain at the present (March, 1974) we have some concern for his safety since he is so outspokenly critical. Even in September when he thought the political situation had greatly improved in Spain, he said he could not testify publicly on these matters when he visited United States as it would not be safe for him in Spain afterwards. He is vitally interested in the problem of the low quality of the information given to doctors on use of medicines and has made a serious study of the situation. He has presented some of his findings to the fine new director of the Centro Nacional de Farmacobiología who is a friend of his and who welcomed his documented information. He translated for us a description of chloramphenicol in a textbook which he had written and it had good strong warnings and use restrictions but this has not been typical of information on chloramphenicol in Spain. He also took down the book most widely used by doctors in Spain arranged by illnesses with recommended medicines for each illness and after "tonsillitis", there was "chloramphenicol". He says it is routinely and very widely used for tonsillitis and in his own mind feels sure that Judy must have been given it for tonsillitis when she was in Spain, that it would be the most likely thing she would be given. When we protested that he was supposed to be a University doctor, he said that would not make any difference.

The education of doctors in use of medicines in Spain is very poorly done by the pharmaceutical companies. The education of doctors in medicine in general even in the Universities shows great need for improvement. It is a big problem. He said, though, the biggest problem is the doctors. They don't know and they don't care! If every doctor demanded full education in medicine, it would make the difference. He stresses that the doctors in Spain are at fault as well as the pharmaceutical companies or more so.

He said we could try to see officials in Madrid, the Director of Health and the Director of Drugs but that we should not expect anything to happen. But he feels our personal story may add a bit to the possibility of some little change.

One of the doctors said it would not be good for him to write an article just singling out chloramphenicol, that the broader problem is more important and a more effective way of attacking the problem.

Referring to a book by Weinstein, a top expert on infectious diseases in U.S., he said that in his discussion of aplastic anemia, he divides aplastic anemia into two types: one the hypersensitivity aplastic anemia, the other the toxic type. Then he went on to say the hypersensitivity is just a theory but he feels there is something to it since chloramphenicol induced fatal aplastic anemia is not dose related, appears long after the dose (long time lapse), and has familial characteristics to a degree. This is what Parke-Davis and others refer to as the genetic theory. Our Spanish physician thinks the genetic theory explanation can be used as an excuse by the pharmaceutical companies for not giving aplastic anemia possibilities their due. He says it is just a theory but even if it should prove correct, there still should be full warnings etc. He said there may be something to the race "genetic" theory. Anglo-Saxons seem more susceptible than Mediterraneans though conceded the effect on apparent incidence due to more or less adequate reporting and records. He said certainly Spain has cases of aplastic anemia and cited his distant relative. Spain has quite a number of cases due to use of benzene in manufacturing.