Dr. Magee. What they have said is that the ultimate judge of the efficacy of a drug is the physician, and they have given the impression that any action on the part of the Food and Drug Administration to test the efficacy of drugs will detract from the physician. But I have pointed out I hope, and Dr. Williams pointed out earlier, that most physicians are not in a position to get this information for themselves or to judge efficacy of drugs.

Mr. Gordon. You mean relative efficacy?

Dr. Magee. Yes, relative efficacy. Much of the information that they get is from advertising, and much of it, very much of it is from detail men. At lunchtime Dr. Williams gave me an example of the power of the detail man. Apparently his hospital formulary omitted the Smith Kline & French dextroamphetamine, Dexedrine, because Smith Kline & French couldn't compete with another supplier. Following this, the detail man no longer pushed this drug in the hospital. Dr. Williams has told me that the prescriptions for dextroamphetamine went down 50 percent.

Senator Nelson. For Dexedrine or dextroamphetamine?

Dr. Magee. For dextroamphetamine.

Senator Nelson. For the generic went down?

Dr. Magee. Yes.

Senator Nelson. Or for the drug itself?

Dr. Magee. For the drug itself. Evidently 50 percent of the supposed

need for this drug was due to the detail man.

Senator Nelson. The AMA certainly must be aware of the problem that confronts the doctor. It has been discussed by several doctors and pharmacologists before this committee, that is the lack of available information to make a quality judgment between various drugs, and if they are aware of that, why wouldn't they wish, as a professional organization, seek some way to see to it that the doctor is informed?

Dr. Magee. They must be aware of this, but I think there is a matter of professional pride here. I know among doctors, one doctor wouldn't question the intelligence of another one publicly at least. The doctor does occupy a substantial position in society. This might suffer somewhat if it became known that the doctor wasn't as informed about drugs and therapy as he is thought to be. But other than this, which may not be the true reason, I don't know why. There have been many actions of the American Medical Association which I don't understand at all.

Senator Nelson. Go ahead, or have you finished your statement?

Dr. MAGEE. Yes, I finished all I had to read.

Senator Nelson. Have you any questions, Mr. Coughlin?

Mr. Coughlin. No, I have not.

Mr. Gordon. On the first page of your statement you present the criteria which justifies the development and marketing of a new product. You say:

A new product to justify itself must create an ailment against which no other agent is effective or it must treat an ailment better than any existing therapy. If it meets neither of these criteria it must be less toxic than existing drugs or be easier to administer and finally if it is equal in all of these respects to existing drug agents it must be cheaper.

Dr. Magee, can you tell us the drugs which have been developed by the drug industry in the last 5 years which treat ailments against which no other agent was effective? Do you know of any offhand?