ever, a busy physician in practice doesn't have the time to devote to reading the available literature.

Senator Nelson. Of course, it would only be accidental whether

or not he attended a conference at which—

Dr. Cluff. Of course, my concern about this, Senator Nelson, is that from the studies that have been done, the physicians who go to symposia and seminars for educational purposes are generally the same 10 percent, so in essence one is reaching a very small segment of the total population of physicians. The person who on a person-toperson basis attempts to keep the physician informed about drugs by visiting him in his office and in the hospital where he works is the pharmaceutical detail man.

Senator Nelson. It may be very good from his point of view if he has a special case to be made in behalf of whatever product he

is handling.

Dr. Cluff. He is interested in selling it and I would never argue with a man's capacity to sell a product. My concern is really summarized in item 9 of my interpretation which indicates that continued reliance upon pharmaceutical manufacturers and their representatives as the only major source for public and physician instruction about drugs is unwise. Much information provided by manufacturers is quite useful, but profit motive and bias are not proper bases for guiding the public and medical profession about the use of drugs.

Senator Nelson. What, in your judgment, is the solution to this problem, which has been raised with identical observations made by a number of very distinguished witnesses—pharmacologists and physicians of Nelson and Physicians of Nelson.

cians? What is the answer to this problem?

Dr. Cluff. Well, I think that one can look at this in two ways. One, a personal opinion as to about what I think ought to be done. Second

would be to examine what efforts are being made to do this.

I think we might examine the latter first. The American Medical Association Council on Drugs has established a series of panels on a variety of different kinds of drugs and the reactions they cause. I happen to be chairman of one of those panels, and indeed a great effort has been made by the use of the Journal of the American Medical Association to make available to the practicing physician expert opinions and expert guidance on the use of drugs by publication in the Council of Drugs reports in the Journal of the American Medical Association.

In addition to that, the Food and Drug Administration, as you know, is making some effort in the distribution of advisory comments and warnings to the medical profession about certain types of drugs.

In addition to that, the National Academy of Sciences' National Research Council Drug Research Board, of which I happen to be a member, also has currently under consideration establishment of a few centers trying to explore the methods that might be better employed to guide physicians in practice about the use of drugs.

My own personal feeling about this is this—in addition to that, of course, there are skads of publications and many brochures. A physician could fill his office up with these. Personally, I don't think these

are very effective.

The thing that the pharmaceutical representative has done, which is the major reason why he is so effective as an educator of the physi-