cian, is his person-to-person contact. As you will note from the data available, there are many thousands of pharmaceutical representatives in the country whose sole purpose is to visit physicians in their offices and talk to them about drugs.

Somehow or other, I don't wish to necessarily imply that we ought to stop this, but somehow or other we have to provide some more rational basis for advising physicians about the use of medication, and I think that somehow or other we must try to foster and capture the methods of the pharmaceutical manufacturers' detail man by establishing some mechanism for better relationship between those individuals who are capable of instructing physicians in practice by making available the opportunity to them to visit the physician in their area of operation and work.

Senator NELSON. Whom are you talking about now?

Dr. CLUFF. The Drug Research Board has a proposal under consideration at the present time to establish a few such pilot programs to develop programs of what we might call therapeutic consultants, associated with medical centers. Persons whose primary responsibility would be to visit physicians in their hospital and provide rational information on drug use. Conceivably, this could be one way of approaching it. I suspect there are others.

My other attitude about this is that the medical profession itself must begin to assume an increasing responsibility for its own education about the use of drugs. I think the medical schools in the country generally have adopted methods of education of the physician in practice which we have already recognized as archaic and no longer used in teaching medical students, and that is the didactic lecture system which is, in essence, what we generally employ when we go out into communities to talk to physicians.

We all recognize that this is not the most effective way to teach, and furthermore, as I have indicated, only a small proportion of all of the physicians that practice generally attend such symposia and seminars.

In addition to that, I think that medical schools must begin to assume some increasing roles in this as well as the American Medical Association.

In terms of advice to the public, how the public can be guided about drugs, I am very much concerned about the fact that the only things they read either damn drugs or praise them. Neither the advertising material of the manufacturer or the damning articles that are published in the common journals.

I think that the public needs to be informed that they have a responsibility to be discriminating in the use of drugs, but they need to be advised as to how to be discriminating. I personally feel that the education of the public should be a joint enterprise between the pharmaceutical manufacturers, the Food and Drug Administration, and the medical profession. How this should be structured I don't know, but I rather suppose that the Food and Drug Administration should take the leadership.

Senator NELSON. If a physician is practicing in a large hospital where you have a formulary, a formulary committee, and a number of specialists of various kinds recommending what goes in the formulary, you have the situation where clinical studies can be made