bit further to clarify my understanding of your use of the word "destructive." Will you?

Dr. CHERKASKY. Well, I think in the sense that it confuses the physician, in the sense that it makes it quite difficult for the physician to exercise sound judgment, because of conflicting claims and counterclaims which he has great difficulty sorting out, because, as we know, there has been drug advertising which has overlooked dangers.

I remember we talked about this defect in advertising when I testified 5 or 6 years ago, and you would presume that the problem was now resolved. I just came across an ad which had appeared in the American Medical Association Journal for several months, and in June, at the direction of the FDA, the manufacturer sent a letter to all doctors pointing out a whole list of restrictions and concerns and dangers. By allowing this we are tempting the drug companies, because obviously they want to sell their product. The result of this kind of loose advertising has been physical damage, and we have seen created very serious economic problems in the drug field.

I think also that the rewards which advertising will produce, in itself leads to haste, to shoddy research. You know they quip about this. They had a whole list of tranquilizers that were coming out and the doctors used to say that you had better use them quickly before they lost their efficacy. We unfortunately know that there have been drugs which have made huge profits for companies which have then turned out to be very, very dangerous drugs.

So I would say to you that the present inadequately controlled advertising is dangerous—you know, when an ad appears in the Journal of the American Medical Association, it carries with it, you know, all kinds of authority. I know it is not supposed to but it does.

Senator HATFIELD. Then, as I understand it, you feel that the average physician is not in a position today to know or to determine the efficacy, the potency, all the other characteristics of certain drugs, and is inevitably led into some of these actions and pathways through advertising?

Dr. CHERKASKY. There is no question that that happens more frequently than it should.

Senator HATFIELD. And then as I understand it, not only did you use the word "destructive," but you also make an economic observation or evaluation about the ratio of the costs of advertising to the benefits received. Would you spell out a little bit more the economics of this as you see it?

Dr. CHERKASKY. Well, there are all kinds of figures given. I don't know, maybe Mr. Gordon of the committee has more accurate figures, but we are told that at least $3,000 a year per doctor is spent by the companies in advertising.

Senator HATFIELD. Is this in prescription-only drugs or does this include such things as aspirin, Compoz, Bufferin, Alka-Seltzer?

Dr. CHERKASKY. As far as I know, it relates to ethical-drug advertising. In fact, the figure that I used 6 years ago was $5,000 per physician, so that the new figure we are using is $3,000, and that adds up to about three-quarters of a billion dollars.

Senator HATFIELD. What would be a reasonable figure do you think, or are you opposed to advertising per se?

Dr. CHERKASKY. Well, I would say to you that I—on my list of priorities, advertising of drugs and the amount of their advertising is