

Dr. CHERKASKY. No, and I don't think anybody would really want to do it.

Senator HATFIELD. Thank you, Senator Nelson.

Senator NELSON. You cited a few moments ago an ad that was run in the American Medical Association Journal. The FDA required the company to send out a whole series of disclaimers or explanations. I take it that what you are saying is that if you are advertising to a professional group who have to make a judgment which affects the health of the public, that there are some different rules that ought to govern that kind of advertising as against the advertising of other products.

Dr. CHERKASKY. I think that is true. As an American, I am, of course, interested in all the extensions that Senator Hatfield raised, and would be delighted at some time to comment on them, but I do think that here we are dealing with a highly specialized situation, and with a very small and select group—doctors—and this professional group is not really able to make critical judgments about advertising for drugs.

You are dealing with complex advertising in pharmacology and really the best doctors can do is to have responsible people advise them. They really are not in the position to make these kinds of individual judgments themselves. Their professional knowledge and their critique doesn't extend that far.

Senator NELSON. Isn't there also this rather fundamental difference in that the doctor is the patient's purchasing agent, and the patient has no way in the world of knowing whether the doctor is prescribing the best quality product for him? There is a public interest among all the people in this country in being assured that the patient's health is best protected when the purchasing agent, the doctor, has the best scientific information available before he prescribes.

Dr. CHERKASKY. I think that is exactly correct, Senator.

Senator HATFIELD. Doctor, you have returned to a subject that is very dear to my heart, and one as to which I have interrogated previous witnesses. It is your, just stated, comment that doctors are not in a position to make such professional judgments on these various drugs that are advertised. I am wondering, though, where can we—I say "we" collectively here as a part of society, not of this committee—where can we in our educational program or in professional training experience, fill this particular void? If I understand your statement correctly, eliminating advertising is not going to solve our problem, because if the doctor has read no advertisements, and still has all of these various manufactured products lined up on the table, he still isn't in any better position, if I understand your statement, to make a judgment than if he had read an ad. So what are we going to do to correct this situation? Advertising and its elimination is not going to correct that.

Dr. CHERKASKY. No. What has happened to the physician is that advertising has become synonymous, though it really can't be, with education. Let me point out to you, for example, about a formulary. Let's say that we were to create a national formulary. Let's say we were to have a formulary which was going to be applied for all drug programs which are supported or paid for by State, local or Federal funds.

That formulary in itself is an extraordinarily educational device,