

and a continually updated educational device, because we do have new drugs and new developments.

In other words, I don't think that the only way that we can provide information is through either advertising, or as you have said, just put all the items on the doctor's desk and let this very busy man try to find his way through dozens of drugs.

We do have expertise in this society which can make those judgments, about drugs and their value, and you can take the 4,000 or 5,000 drugs and you can narrow them down to a reasonable group and provide all the information that the doctor can assimilate and use, no question about it.

In other words, it isn't that this job can't be done. It is that no one has really brought together the forces necessary to do this. I suggest later on in my paper that the FDA, along with the medical schools who have the expertise, along with responsible drug people ought to put their heads together to come up with the kind of informational program which would enable the doctor, to keep abreast of new developments under the best of circumstances, with the expansion of medicine and new techniques and new drugs, we have a tough time keeping the doctor up to date, when this difficulty is compounded by all kinds of items which may produce a profit, but which are not contributory, you make the educational problem that much more difficult.

Senator NELSON. The ultimate answer then is the formulary.

Dr. CHERKASKY. The formulary and a broad educational program. The education and particularly the continuing education of the physician in this country is inadequate. Unfortunately the drug problem is just one of the features, though an important feature.

A program to bring proper information about drugs to physicians, must be extended to keeping the physician abreast of what goes on elsewhere in medicine, which again is done very poorly. No doctor can wade through all the literature produced. Public funds under the cancer, heart, and stroke program provide a great deal of money for continuing education, and we ought to use the opportunity to extend the education of the physician broadly, which would clearly include an education having to do with medications.

Senator NELSON. Is there any other area of medicine in which the continuing education of the doctor is left substantially or in some substantial part in the hands of a private product manufacturer? In other words, do the instrument manufacturers tell the doctors how to perform surgery, or is there any other field where there is so much—

Dr. CHERKASKY. I wouldn't make that suggestion.

Senator NELSON. Is there any other field where the private manufacturer of a product is so deeply involved in the continuing education of the doctor?

Dr. CHERKASKY. No.

Senator NELSON. Any other field of medicine?

Dr. CHERKASKY. No. I would think not.

Senator HATFIELD. One last question. Do you have—

Dr. CHERKASKY. I hope not a last one, Senator.

Senator HATFIELD. Well, for me. Taking these two phases of the educational life of the doctor, the continuing educational phase and the initial medical school phase, do you see the present curriculum that is followed in general medical schools today as sufficient in pro-