TABLE III.—Q. 11. YOUR OPINION (GOOD OR BAD) OF A SPECIFIC DRUG COMPANY IS MOST STRONGLY AFFECTED BY

Factor	Total response	Favorable	Unfavorable	Either
Experience with products	57	9	--	1
Detail men	32	1	12	1
Advertisements	23	2	7	3
Personal gifts, etc	19	6	3	--
Postgraduate educational support	17	8	--	--
Research support	14	8	--	--

COMMENT

It would be imprudent to attempt multiple interpretations of the responses to two different questionnaires, distributed to two different and heterogenous groups, with such a variable percentage of replies. However, the following similarities deserve emphasis.

1. There is general appreciation for and satisfaction with the over-all performance of the pharmaceutical industry.

2. A feeling that drug costs are too high or profits too wide is evident in 45% of the answers from the general practitioners and in 48% of those from the Medical Center.

3. Most doctors judge a drug company by the efficacy of its products, with the activities of the detail man receiving second place in consideration.

In addition, one may ask what is the comparative efficacy of the three forms of advertising: direct mailing, medical journal ads, and the detail man? The physician has a built-in bias against them all, knowing that none is likely to give him what he wants: a carefully balanced comparison of the product vs. (a) older, simpler substances, (b) new products of competitors, and (c) no treatment at all. Also, to make best use of his limited reading time he gladly dispenses with all save the most authoritative sources of information. So it is unlikely that mail literature and journal advertising have any lasting impact; both could probably be curtailed completely without much effect on the practice of medicine.

This is true because in their absence the detail man could serve the same functions. Conversely it is hard to see how impersonal mailings and glossy advertisements could take the place of an ideal detail man; cheerful, helpful, disarmingly proprietary, willing to listen and happy to debate. Although the physician spends time with him, he spends it as he chooses; he can in effect carry on a conversation with a person, with a drug company, or with the entire pharmaceutical industry.

If the ideal detail man exists, he is clearly outnumbered by his imperfect brethren who reportedly interrupt the office routine, parrot steretoyped encomiums, hawk their wares in a truculent manner, and talk without listening. This confrontation destroys the one thing the physician wants: a chance to learn some valid information. Since the physician is unlikely to change his attitude, the pharmaceutical industry must become more information-oriented. The metamorphosis cannot occur spontaneously but requires active and vocal effort on the part of the physician. The following avenues of information have been worked out at many teaching medical centers:

1. A hospital policy for detail men requires that any "detail visit" (five minutes) to any physician be scheduled through a central office.

2. A similar policy encourages drug companies to work through a central office in arranging clinical trials of new drugs, thus bringing together the most promising drug and the best-qualified investigator.

3. Books, films or other educational material can be useful in both medical and post-graduate education; courses and lectureships, research fellowships and honoraria for visiting speakers have been deeply appreciated gifts from the pharmaceutical industry.

4. Occasionally the drug company may support an entire laboratory or clinical research area, where patients are hospitalized for study by all the newer techniques of clinical pharmacology.

Implicit in all of these programs is the presence of a professional persons or persons who maintains a liaison with the drug house representatives and arranges these collaborative efforts. At every opportunity such a person works toward one specific goal—to help bring the best information available from the drug houses to the physicians.