

disseminating information to physicians would be a valuable one in the drug field?

Dr. MEYER. We do feel that this has a great deal of flexibility and we could put into it a tremendous amount of information which would be potentially of a great deal of use to physicians in the State. It is a matter of finding the right people to make the correct recordings of the subjects in which they are particularly interested. We do have problems trying to persuade people to try to condense down the information that they are used to giving in 30 minutes to 5 minutes, but this has been, and is being, overcome. I can see no good reason that we couldn't start a drug information service by which a physician encountering a new drug for the first time can call into the library and request information about that drug, whether it be 2 a.m. or during working hours. The drawback of the library is that it is the physician who has got to initiate the calls. We can bombard him with information about it, that it is available, that it is a free service, but unless he puts in the telephone call we are unable to get to him with whatever message he happens to want. Essentially it was designed to make available information to people as they required it—educationally this is sound, that you teach a child what it wants when it asks. You teach anybody, when they ask and in their most receptive phase, to absorb that information. This was the idea in the background with this library.

Senator NELSON. Could you give an example of how this system might be used to inform a doctor about a drug?

Dr. MEYER. What I would like to do is to obtain from the recognized—probably university-based clinical pharmacologist their evaluation of drugs as they come on the market. When a doctor is approached by possibly a pharmaceutical representative concerning a particular drug, either at the time or immediately after the pharmaceutical representative has discussed it with him, he can then call in and ascertain the academic and practical view of that drug which has been detailed to him. Again, it is a matter of how we organize it—that it is merely a matter of getting it organized, that this could very well be put into effect within—we can put a tape into a library within a week of the person saying he will make the tape. If he says "I will make the tape tonight," we can put the tape in the library tomorrow.

Senator NELSON. Supposing the physician is going to prescribe a drug for a patient and he wanted to be certain that a patient who had, say, diabetes or some other disease, would not get a bad reaction to that drug, could he pick up the phone and find out whether this patient should or should not take the drug?

Dr. MEYER. This is what the clinical pharmacologist would put into the tape when he was asked to evaluate the drug. The clinical pharmacologist will say, "This is the action of the drug, this is what it will do, this is what it will not do, and these are the side effects; these are the toxic effects and these are the potentially extremely dangerous effects of the drug," and, therefore, he would say that your patient—or if you are going to give this drug to this patient it should not be given in the presence of diabetes because it will aggravate the diabetes and this would be the type of information that the physician wants.