Senator NELSON. Does the Medical Letter purport to cover all the drugs?

Dr. MEYER. No.

Senator NELSON. So then the information the doctor may want about a certain drug may not have been covered by that publication.

Dr. MEYER. That is true. Equally, we may not have the particular information that physician may want.

Senator NELSON. All right, go ahead.

Dr. MEYER. I would just ilke to preface what I say about the Telelecture by a few thoughts that we do have about the need for continuing medical education and why we have taken the two communications to deliver that need.

There is a great volume of comparatively static core information which every doctor has. But there is a great deal of information which is constantly changing and which has a relatively short, what is called half-life.

The physician is in the situation then that having got his M.D. he must get to the stage where he can unlearn what has been disproved, what he believed at the time that he was taught it. He must be able to revise and update the things that he did learn that are, in fact, still extant, and he must have a mechanism for acquiring new information which was never taught when he was in medical school.

We feel, as a university, as a State university, that we have the responsibility to the physicians in the State to provide this information for them and thereby to the citizens of the State to provide the latest information to the physicians.

The sources of information for the health professions—for the health professional—are many and varied. The quality and veracity of this information is equally variable. For example, the pharmaceutical representatives serve a distinct purpose in bringing information concerning new drugs to busy physicians and pharmacists. But at the university we have some concern about the appropriateness of the time at which this information is delivered and the context in which it is delivered. The man has a job to do and he does that job.

Much information in textbooks and journals, textbooks certainly, and in some journals, is outdated almost by the time it is published and certainly by the time it has set on somebody's reference shelf for some time. A busy physician delivering health care finds it difficult to leave these responsibilities to go to a medical center for his continuing education.

Our problem as medical educators is that our primary responsibility is to medical students. Continuing education or postgraduate education has to compete with the other responsibilities that medical educators have.

Now, medical practice today is very varied and really no two physicians practice exactly the same pattern of practice. Health care today is really a team effort. The nurse, medical technologist, pharmacist, X-ray technologist, hospital administrator, physiotherapist, social worker, and dietitian all have critical roles to play in the total medical care of the patient. They all contribute to the health care effort, therefore as far as we are concerned, our educational efforts have really been across the whole health care field. We decided that our major impact should try to be to make all this information available to these health professions at the time and in the form in which they most require it.