stress is placed not only on the use of drugs in actual therapeutic situations but also on the evaluation of drug promotional claims. The task force believes that a clinically oriented course in drug therapy should be made a part of the curriculum in all medical schools, and it has recommended Federal support for this purpose.

We have also been concerned, Mr. Chairman, about the kinds of drug information and continuing education opportunities available to prescribing physicians.

A small number of publications and periodicals do contain the comparative, objective data that are needed. But the existence of these publications, which are highly regarded by expert clinicians, are largely ignored or unknown to the majority of practicing physicians.

Likewise, a small number of medical schools and other health organizations provide regular opportunities through postgraduate courses for prescribers to renew and expand their store of drug information. But these opportunities are relatively scarce and they, too, fail to reach the majority of physicians.

Most of the drug information received by practicing physicians comes from the advertising and promotional activities of drug companies—from printed and graphic advertisements and from drug salesmen known as detail men.

Senator NELSON. Your task force concludes that most of the drug information received by practicing physicians comes from advertising and promotional activities of drug companies and is printed in graphic advertisements and from drug salesmen known as detail men?

Dr. LEE. Yes, sir.

Senator NELSON. That is a fine commentary on the source of information that the great, distinguished medical profession uses in prescribing drugs for its patients. I think it raises a very serious question, and one which it seems to me the American Medical Association ought to be addressing itself to. In all the hearings I have had thus far they seem to be standing on the sidelines unconcerned about the continuing education of the medical profession. That is a disturbing matter to me.

Dr. LEE. We share your grave concern about this, Mr. Chairman. We think this is one of the more important observations made by the task force out of this wealth of material that was accumulated and evaluated. I think it is a matter of grave concern to the profession; it is a matter of grave concern to the medical schools that have the responsibility for providing the basic education for physicians; and, it is of concern to the public. The public should be aware of the fact that their doctors are obtaining their information about the drugs which they prescribe from the advertising provided by drug companies.

From the testimony presented before the subcommittee and from independent studies conducted by the task force staff, it is apparent that drug advertising is steadily being improved by the control of false or misleading claims, and those unsupported by adequate scientific data. Through the enforcement of new FDA regulations and cooperation of leaders in the drug industry, drug advertising is becoming more factual, informative, and accurate than ever before.

Senator NELSON. It is true, however, cases continually appear before the FDA in which the company is making claims for drugs which are not approved by the FDA, is it not?