In other words, what source of information is the physician using, because they are widely prescribed and widely sold, and Panalba is one of the top 200—if all of these sources of information are so readily available to the physician, how do you account for the fact that these fixed combinations are so widely used?

Dr. MOSER. Well, I think it is because of the fact they are propagandized to the profession. I think that the detail men are well trained in the techniques of sales. They are very pleasant individuals who have time and give a very straight forward pitch. Their presentations are not cluttered by having to give you comparisons with other drugs. And I think there are other very effective means of promoting drugs. Drug advertisements are skillfully done and present a very straightforward approach. In the very same journal you occasionally find a very colorful, well done advertisement, and tucked away somewhere in bowels of the text will be an article that says exactly the reverse. But the advertisement is brief and simple, and it takes too long to read the drab article. It is very easy to flip the pages and come up with this attractive, arresting advertisement. It is just a matter of good salesmanship.

I think our problem is to encourage physicians to take the same amount of time that they do in listening to the detail men or reading these advertisements to read the Medical Letter or Modell or any of the other sources of drug information that are abundantly available. I think this is the problem, and it doesn't make sense to me that a physician would not utilize these sources of information.

I suspect we just have not told them about it. I think we have to educate physicians that there are good information sources available.

As I say, you can read the Medical Letter in 15 minutes. And this is a very worthwhile investment in time; One will learn about drugs. The time will be spent expeditiously.

Mr. GORDON. Doctor, throughout your paper you use only the official or generic names. Why didn't you use brand names? Why did you use only generic names?

Dr. MOSER. I guess it is because I am stubborn. I find it a challenge to try to get people to use generic names. I find that the trade names are used simply because they are more euphemistic. With the USAN committee now working very hard to create the generic names that have less than 25 syllables, we will begin to see a greater use of generic words.

I think it is more personal than anything else. I encourage all of my staff to use generic names unless a trade name represents the sole available drug form and is only known by that name. But it is just a personal idiosyncrasy, I guess. I just like the intellectual drill.

Senator NELSON. Dr. Modell and all others who have testified on this point before the committee have advocated the use of generic names in prescribing. It has been suggested before this committee on several occasions that all prescriptions that go to the patient should include the generic name. And, of course, if the doctor desires, he can indicate the brand name, too, unless there was some reason the patient, the doctor felt, shouldn't know what drug he was receiving.

The reason advocated for that was, in addition to good prescribing practice, the fact that there is such a multiplicity of brand names that nobody can keep up with them.