

grants but they produced studies that were models of objectivity. These were truly cooperative efforts in which both the drug industry representatives and the investigators were seeking the truth. There is no doubt in my mind that similar cooperative efforts exist today.

On the other hand, during my time as Medical Director, I can remember only six to eight drugs that were truly exciting and interesting. I also remember a hundred humdrum concoctions and combinations that would bore any doctor to death. These, however, must also be studied and in trying to find "investigators" who are willing to do the job, one must scrape the bottom of the barrel. As a result, the drug industry doctor must rub shoulders not only with the giants in medicine but also with its dregs. In my 1960 statement I called the latter "stables" using the vernacular of the industry.

Drug testing is a costly, burdensome, and often a boring chore. Those who do the work well should receive adequate compensation. Both because there are doctors who are incorruptible and because someone must pay for drug testing, I think it is wrong to damn monetary rewards in a blanket fashion. I do believe, however, that clinical testing and the choice of investigators should be taken out of the hands of the drug industry. So long as we have a system that allows drug companies to buy the claims that will sell a drug, we have a potentially corrupt system.

I am convinced that the public interest will be best served when we devise a system that preserves anonymity between the drug company that has a proprietary interest in a drug and the investigator whose research results may or may not supply the claims that will sell the drug.

During the writing of this statement I learned that many physicians who preceded me recommended a "Drug Institute" or a similar central agency. I do not believe the recommendation can be repeated too often. A central agency, supported both by federal funds and by fees paid by drug companies, should serve as an impartial intermediary between drug companies and clinical investigators. By preserving anonymity and by selecting investigators on the basis of their qualifications, we could raise drug testing to a level it has never known. Since I believe in the theory of the unconscious (as well as the existence of incorruptible physicians), I am convinced that any thing that falls short of this system cannot insure objectivity.

The larger problem of destroying objectivity by appealing to the doctor's ego is as old as man. I do not intend to offer a solution. I think it is important that we remain aware of its existence and of the fact that physicians are just as human as everyone else. Unfortunately, what I said on this matter in my statement of 1960 is as true today as it was then. "There are far too many physicians who must still be taught the difference between a free golf ball, the magnetic personality of a detailman, and a scientific fact as criteria for the evaluation of a drug."

THE PHYSICIAN'S PRIVILEGES AND PREROGATIVES

The ease with which objectivity can be destroyed is only one of many signs that the relationship between the drug industry and a considerable segment of the medical profession is contaminated. Both the AMA and individual physicians have demonstrated that they are quite willing to pull the drug industry's chestnuts out of the fire when they can, at the same time, serve their own interests. Both the AMA and the PMA have long paid lip service to the principle of upgrading the scientific stature of the FDA. Yet each time this principle has been tested, either the AMA or the PMA or both have demonstrated that they are not prepared to practice what they preach. They have proposed instead glib anti-scientific solutions.

The AMA probably represents the majority of the nation's more than 200,000 physicians. Whether it speaks for them is not clear. In any case, the cozy "you scratch my back and I'll scratch yours" relationship that exists between the AMA and the drug industry raises some serious questions.

One of the first major confrontations between government and medicine (regarding drugs) came in the "Kefauver Hearings." At that time, to use the words of Dr. William Bean, "... the AMA in its fear . . . euchred itself into [an] astonishing posture . . ." It suggested a solution that made "every physician his own Pasteur." Even after the bill became law, anti-science still reigned, and the AMA House of Delegates resolved that "the AMA attempt to have removed from the Kefauver-Harris Amendments those provisions which author-