

Dr. KUNIN. No. We were not ready to perform clinical studies. If we were, then we wouldn't have any answer for 5 years from now in terms of the results. What we did was weigh the evidence as presented by competent individuals, and some less competent individuals, and made our judgments based upon good information.

Mr. DUFFY. In other words, you determined to your satisfaction that the basis for your conclusions were circumstantially valid?

Dr. KUNIN. Sure.

Mr. DUFFY. The testimony of other doctors before this committee has indicated that the effect of the disclosure that these combinations were harmful was blunted by the advertising the drug companies had done and the contacts made by the drug company salesmen, and so on. I am just wondering whether you might be able to draw another inference from the fact that much of this material has remained unchallenged. Could it be either that people did not consider it worthy of comment, or could it be that people disagreed with the viewpoints taken and did not feel that it was necessary to go out and clinically demonstrate that they were correct.

Dr. KUNIN. What do you mean by people?

Mr. DUFFY. The medical profession that may have been reading these articles and apparently ignoring them. I am greatly troubled by the fact that for 15 years this knowledge could be available, and it has apparently been ignored. You have suggested, and others have suggested, that this is largely because of the advertising that drug companies have done.

I am just trying to see if there is not another possible inference that we might draw from this set of circumstances.

Dr. KUNIN. There is no question that physicians are swayed intensively by advertising, and that they are intensively swayed by the very effective representatives of the pharmaceutical industry that call upon them. The problem here is to discern the wheat from the chaff.

Very often an advertisement does have some value, it does inform physicians of the development, and so does the representative. Unfortunately it is extremely difficult to dissect out what part of the advertisement and what part of the material that is presented by the representative is valid. In many ways the material is colored.

Most of the postgraduate education today is done by the pharmaceutical industry. I believe personally that the medical schools and medical institutions should have a greater opportunity to indulge in postgraduate medical education.

There was meeting at the National Academy of Science, with discussion of the problem of what I call counter detail men, or medical center representatives, in whom we would be able to have a group of individuals whose opinion, based upon the judgments of our drug and formulary committees, should be presented individually to physicians as friends in court, so to speak, visiting physicians, in the same way that a pharmaceutical representative visits a physician.

Now, this has to be finalized.

We did a study last summer in which we had one of our medical students visit over 200 physicians in the central area of Virginia. He was extremely well received by these physicians. He presented information on two new drugs that had been evaluated by our drug