

his prescription may be refilled. This is a far cry from comprehensive psychiatric treatment. If we are concerned about physicians' dependence on drug advertisements, it really represents an educational neglect because the scientifically fascinating aspects of drug treatment have not been appropriately presented to resident physicians. Drugs are given but with little conviction of their actual value and often in the absence of knowledge of drug action. The psychiatric trainee remains confused in regard to what can be achieved by drugs and what by psychotherapy. It may take 5, perhaps 10 years before comprehensive treatment reflects comprehensive knowledge.

Senator NELSON. You referred to it being the responsibility of the physician to make a distinction. That of course is true. But physicians aren't any different from anybody else in terms of being susceptible to advertising. Everybody is. The drug firms hire the ablest, subtlest writers in the world. And they pay them some of the highest salaries in the country. I have read all kinds of ads and thought the product must be great, and it turned out it didn't do anything the ad said. Everybody has had that experience. But here you have a special case in which the consumer of the product has no qualification whatsoever to decide whether it is to his benefit, where the physician who prescribes is being influenced by ads and where the medical journals that carry the ads have the high respect of the physician. The contraindication and side effects are in such very fine print that I have very great difficulty reading them myself.

But the drug advertisement is carried by the AMA journal which claims in its principles of advertising that it will not accept an ad for a fixed combination unless efficacy has been proved. And according to the National Academy of Science-National Research Council no efficacy has been proved in any fixed antibiotic combination.

Many of these medical publications have some very fine principles. If I were a physician and knew about this I would trust the publication that I take, the journal that I read which is in my specialty. So I read the ad, such as the one you have seen on "behavioral drift." It recites what the patient says, and tells you what drug to prescribe. I might very well prescribe it based upon my respect for the publication it appeared in.

In fact, I think that is what happens; doesn't it? I would like to make it quite clear that I totally agree with you.

There has to be a better way of advertising drugs. Only I think sometimes the blame is too one sided. Something must be done also about physicians' critical ability to understand what kind of information they are depending on. Somehow I feel the blame tends to be somewhat one sidedly on the ad without enough criticism directed at the physician who, for lack of training on the one hand, and for reasons of simplicity or gullibility on the other hand, depends for his prescribing information, to a large extent, on clever advertising.