they damaged his reputation, he is suing them for $1,100,000. He says, "a responsible physician should not allow a pharmaceutical house to exploit his reputation to promote the sale of a drug without his knowledge, much less his permission." He didn't even know that they had used his findings in an advertisement, it appeared in a foreign journal, so he didn't see it. And the drug company in this case has admitted that they misrepresented his findings, at least according to this article that I have.

Now, some general comments.

Beyond these specific objections there is a broader issue on which I want to comment. No one knows exactly what calculations enter into a doctor's therapeutic decisions. Ideally he relies on research findings and on the clinical experience of experts accumulated over the years and published in the medical literature, tempered by his own judgment and his knowledge of the patient's particular circumstances. All of us have the duty to be aware of new information and to reevaluate our therapeutics in its light. This is a humbling experience. We constantly see our highest hopes and strongest clinical impressions dissolve when hard evidence is collected.

This is perhaps more true in the field of psychiatry where symptoms may be more heavily influenced by nonpharmacologic factors and for this reason we—and I mean we in the field of psychiatric research—have invested particular effort to develop strategies of drug testing which control the element of personal bias. Even so, an attitude of skepticism, and respect for evidence is difficult to maintain. It is hard to teach students and hard to preserve in oneself. The history of our science shows—and this is the recent history of our science, not just leeches and herbs, but right today—any number of worthless and even harmful treatments which were at first highly regarded. My concern is that drug companies, with all the resources they have to prompt doctors to prescribe drugs, will just overwhelm the more conservative point of view. This is happening. The public surfeit with medications and drugs is one of our major health problems. Adverse drug reactions affect more than a third of hospitalized patients.

One might wonder whether increased vigilance by the FDA and by the journal advertising committees could influence this situation. I believe that these groups have lessened some of the more obvious abuses but they will never be able to complete the job of separating the wheat from the chaff in drug advertising because—to make my position perfectly clear—there is no wheat.

Mr. GORDON. What do you mean by that?

Dr. PILLARD. I think the recommendations will make that clear. I think a lot of time is spent in separating the worst advertisements from the less bad. And my position is that if medical journals would discontinue advertising altogether this effort would be saved. I am going to come to that in the recommendations.

Senator NELSON. This point on advertising and promotion and claims made for drugs and ads in medical journals has been made on other occasions. If there were no advertising, where would the physician get his information?