RECOMMENDATIONS

(1) I support the recommendations of the task force on prescription drugs. They are an ambitious set of proposals and if even one of them, the establishment of a compendium with price information, could be effected, it would be a contribution to medical practice.

(2) Medical journals ought to stop all drug advertising. They should do this for the benefit of their readers, for the reasons I have discussed above, and also for the sake of their own editorial objectivity. It is impossible to estimate the extent to which editorial judgment is influenced by the advertisers—hopefully not at all—but we should eliminate even the possibility of such influence.

It has been argued that journal advertising is useful in that it keeps down subscription fees and those who don't like to read ads can simply skip over them. This argument is without merit. Remember that what the drug companies do is paid for by a group of *involuntary consumers*—the nation's sick people. If these involuntary consumers understood that not only were their fees supporting the world's most highly paid profession but also that they were subsidizing their doctors' medical journal subscriptions, books, samples, medical bags and so forth—if this were generally understood I think that the public outcry would be something to contend with.

Doctors ought to pay for their reading matter just like psychologists, lawyers, chemists and school teachers. The total increase in subscription costs for a year would be less than what the doctor earns in an hour.

Support for this position is building up as can be seen from letters recently published in the New England Journal of Medicine. Dr. James Faulkner, chairman of the publications committee of the Massachusetts Medical Society which owns the Journal, has shown his awareness of the problems of drug advertising. Whether the Council of the Medical Society will make a serious study of the manner I don't know; at least they will have to realize the extent to which they are dependent upon the pharmaceutical industry.

(3) Distribution of free drug samples should be stopped. Prescription drugs should be obtainable only on prescription and only from a pharmacist. Doctors receive in their mail every day samples of drugs for most of which they have no use. They are impossible to dispose of safety. We get into the habit of giving out sleeping pills and tranquilizers that come in the mail without the sort of serious thought that would go into writing a prescription. In most cases new products are promoted this way. Dangerous medications like some of the early antidepressants, MER–29, and others were distributed. More people took them than otherwise would have and the task of recall when it had to be undertaken was impossible. If all medication were dispensed via prescription the patient would have the protection of knowing that a record exists of just what he received.

This suggestion goes beyond the Task Force recommendation because the process of requesting pills, by checking a postcard, can be made so easy as to be no protection at all.

Obviously there is no reason to defend the free sample practice by saying that samples are needed for indigent patients. Samples could be sent to the pharmacist who could give them to patients for whom that medicine is prescribed. But the most important thing is to make sure that our mechanism of providing medical care, including medication, ensures that every person will get what he needs at a reasonable price. If free samples are needed at all it is a sign that something is wrong.

(4) Pharmaceutical companies should undertake a serious reconsideration of their promotional strategy. The should cease or drastically reduce published advertising and reflect the savings in lower drug prices. A year of drug advertising costs more than it would to send every doctor in the country to a year of medical school. Both the medical and legal professions prohibit advertising because they realized that it would interfere with their function of serving the public interest but also I believe because they realized that in the long run the profession as a whole had nothing to gain. The drug industry is not the only one which ought to consider this example.

These suggestions could be put into effect by the medical profession and the industry without any legislation. One hopes that they will be receptive to changes. This committee has done a service by providing all points of view with the chance to be expressed. Thank you.