assume that drugs on the market are acceptable in quality and potency. I think the use of the PDR, as soon as it is replaced by a book which is prepared by something like the AMA Council on Drugs, which did disapprove their use, will make a significant difference in regard to the actual decision that takes place in the physician's mind when he uses these drugs. I am sure they work. I do know whether their efficacy increased. Obviously we are taught that it is better to write two prescriptions. I think for a busy physician, they write one. I, again, think you would have to ask the practicing physician, not a medical student.

Senator NELSON. Well, I understand that, but the point I raise is that medical schools teach rational prescribing—that drugs should be given for a specific purpose.

Mr. MARTIN. I think that is a fair assumption.

Senator NELSON. I think it ought to be made clear that a good many doctors in this country never have and never would use fixed combinations, but if you look at the dollar sales, there is a tremendous number of physicians (whatever the percentage), who are using fixed combinations. I think that 83 of the 200 most widely prescribed drugs are combinations. The physicians say they do not prescribe based on advertising and promotion. They say "We are not fooled by that sort of thing. Our prescribing practices are based upon scientific evidence."

But the fascinating issue raised here is there is no scientific evidence to support this type of prescribing and no medical school teaches it. What possible explanation is there other than that they are prescribing based upon promotional literature rather than on scientific evidence?

Mr. MARTIN. That is an excellent question, but I think it would have to be answered by somebody else.

Senator NELSON. I just raise it here. I do not expect you to involve yourself in it, but I think it raises a very serious and important question involving prescribing practices of many physicians. On what basis do many of them prescribe? On the scientific evidence to support the use of the drug or upon promotional advertising? Since we can find no scientific evidence, I think you would just about have to conclude so far as fixed combinations are concerned it has to be the promotional advertising that is responsible, certainly not the scientific evidence.

Senator DOLE. Mr. Chairman, I might suggest that question you indicate would be better proposed to a practicing physician rather than a student.

Senator NELSON. I made the statement that I did not expect him to respond to it; however, I thought since we are on the question that involves the relationship of the drug industry starting with the freshman in medical school all the way through, that I would raise the question for the record at this point. Naturally, I do not expect Mr. Martin to have an informed opinion about it.

Senator DOLE. Perhaps in 10 years he would probably give us a good answer.

Mr. MARTIN. I hope so. I would like to go on to discuss the relationship of the medical profession to the pharmaceutical industry since this is one of the most important aspects of our group's feelings about this. This issue is always raised and I think it is an important one to look at more carefully than we have done before.