

any other promotional efforts. Still others thought the presentation had been one sided. And another group had no interest in problems of this kind.

We attempted to arrange a debate between Dr. Burack and a representative from a drug company, so that both sides of these issues could be aired. The company declined. Instead, it sent a copy of a Medical Tribune article attacking a book written by Dr. Burack. The article evaded the issues raised in the book.

As an aside, I would like to emphasize the bad impression this made on the people who were on the fence with regard to this issue. This may not be true, but it seemed the drug company was not able to defend itself.

Our experience taught us that many, if not most, medical students have a very limited awareness of issues pertaining to the drug industry.

Mr. Martin, in his discussion of the Student American Medical Association position wrote that he thinks very few medical students are insensitive to these issues, but I think so many of them are ignorant of the issues that sensitivity is something which can develop only after one is aware of an issue.

Mr. POHL. I would also like to say something——

Senator NELSON. Would you identify yourself for the reporter?

Mr. POHL. Richard Pohl.

I would like to say something about the numbers which Mr. Martin talked about.

Forty-five members of our class signed this letter; 49 members of our class gave in their instruments. We required people who gave instruments to sign the letter. Had we not required this, it is my opinion that we could have gotten at least a hundred people in the class out of 123.

So I think when Mr. Nathan says that there is an abundant interest in the problem, I think he is correct.

Mr. NATHAN. Our response to this information and situation can only be understood in terms of our ethical goals as future prescribers of drugs. We feel the following standards should be met by the doctor in his role as intermediary between drug producers and drug consumers.

First of all, the doctor must attempt to answer the following questions on the basis of sound, objective information:

Does the patient need any drug? If so, what type? Which drug of this type will be most efficacious? What are the contraindications, possible side effects and adverse reactions? And, finally, what is its cost?

Second, if the patient's needs could equally well be met by two different drug preparations, the doctor should prescribe the less expensive one.

Third, the desirability of an open, frank relationship between patient and doctor involving trust and mutual respect dictates that: the doctor must not derive pecuniary benefit from the patient in a way of which the patient is unaware; the doctor generally avoids, as far as possible, not only actions which would be indefensible to the patient, but also actions which might give the appearance of being improper. For example, a possible conflict-of-interest situation involving a doctor is potentially as damaging to the patient's respect for the doctor as an actual conflict-of-interest situation.