

those questions be asked immediately following Dr. Simenstad's statement, if you have no objection to deferring.

Dr. PARROTT. We have no objection.

Senator NELSON. Senator Hatfield.

Senator HATFIELD. I am really not concerned about who responds to the questions. But I think it is pertinent to what has already been stated.

We had a statement presented to this committee dated July 17, 1969, by Dr. Edward R. Pinckney. In this statement, on page 2, I would like to quote a brief statement that he made. Then perhaps either Dr. Parrott or Dr. Simenstad could respond.

Dr. Pinckney says:

To be sure, here is the standard cliché retort by some physicians that drug use can only be decided by the prescribing physician at the moment of diagnosis and that only prescribing physicians can take into account all the various judgmental factors that exist at the time that led to the drug to be used. Of course, there can be no argument about this. At the same time, it is my belief that this same physician's judgment has been wrongfully influenced by what he has read in the advertisements for the drugs he uses. Since most physicians learn about drugs, especially the newer drugs, through advertising, it is not wrong to concentrate on this medium of information.

Now, my basic question to either one of you gentlemen has to do with whether or not it is true that most physicians learn about drugs mainly from advertisements.

Dr. SIMENSTAD. I do not think so, but Dr. Parrott had better answer.

Dr. PARROTT. Well, advertising as far as the physician is concerned is only one of the many methods by which drugs are brought to his mind. I have practiced now for almost 20 years. I can never in my experience remember a drug ad ever being the prime purpose I used the drug. I think I can speak for most of my confreres the same way. After all, education in drugs is not basically built on advertising in the medical journals. I think it is just a tool for the manufacturer to keep a product identification before the profession. The education in drugs that doctors obtain is basically beyond medical school. I know that there have been a number of pharmacologists testify before this committee, but the physician's education in drugs does not stop with the pharmacologist. It goes on with the clinician, goes on with his whole life experience, in the handling of patients, in the attending of meetings, but basically in treating the patient. I would say that the drug ad in magazines is a very minor factor in the education of physicians.

Senator HATFIELD. But as Dr. Simenstad has testified here this morning, you do have in your own association this group which is charged with responsibility of making evaluation on such proposed advertisements that you may receive from the pharmaceutical houses. Therefore, it is not purely a matter of receiving requests for an ad and then merely reprinting that ad at the behest of some pharmaceutical house. Is this correct?

Dr. SIMENSTAD. That is correct, Senator Hatfield. The scientific department has charge, but they have a drug evaluation committee and that is staffed, of course. They go over all these things first and they recommend whether or not that should be accepted.

Now, the committee does not accept the ad unless it is approved by the Food and Drug Administration. The committee's word is final—I mean Dr. Hussey or somebody else can't take that advertising if this drug evaluation committee says it is no good.