But, if the AMA will not take the lead in setting advertising standards, and more so if the doctors of this country will not demand that the AMA assume this responsibility, then I must admit that it becomes an absolute and necessary duty of some legislative body to take over the task that medicine will not do for itself. The dangers of drugs, and the obvious misuse of drugs, are such that it is irresponsible for doctors to obtain distorted education about the products their patients take. The important thing is that the legislation must be strong enough, and adequately enforced, to do some good. Unlike almost any other form of advertising, drug advertising is not directed toward the ultimate consumer—allowing that consumer to make a "free choice" with a full awareness of the dangers involved. Therefore it does not seem wrong to have adequate controls over the education the doctor receives so that his course of action is based on full, rather than inadequate or distorted, information.

And when the doctors of this country fully understand the reasons behind such actions—that the protection intended for the patient is equal protection for them—I feel they will back any modality that offers them better educaion.

Thank you.

I do have other advertisements that illustrate how doctors are deceived (such as the ommission of extremely pertinent data). I will gladly show these ads, if you so desire.

APPENDIX II

STATEMENT OF JOSHUA LEDERBERG

"Lack of knowledge and sophistication in the proper use of drugs is perhaps the greatest deficiency of the average physician today." This indictment is one of the most disturbing conclusions of the task force on prescription drugs, headed by Dr. Philip R. Lee, recently Astsistant Secretary for Health and Scientific Affairs in the Department of HEW, and Chancellor of the University of California Medical Center in San Francisco.

This theme is now also the focus of hearings before the Monopoly Subcommittee being chaired by Senator Gaylord Nelson (D., Wisconsin). Its critical tone is shared by almost all of my own colleagues in academic medicine.

This appraisal of the competence of medical practitioners, at large, to make informed and critical judgments about drugs has ramifications even wider than an obvious concern about the quality of care offered by individual physicians. If the prescribing physician were qualified, he could be relied upon to winnow fact from self-interested fancy among the clatter of claims for new drugs, or old ones in fancy new packages, constantly being promoted by the drug industry. The creative efforts of that industry would then be directed primarily to competent research to find new agents capable of persuading competent and critical judges of their value in medicine. Without that reliability, we need ever more stringent policing of the industry and its propaganda to protect physicians, or rather their patients, from a crime that may be closer to self-delusion than fraud but is no less dangerous.

This kind of policing on the part of a government agency is not only clumsy, contentious and expensive. It also leads to the opposite error, of bureaucratic negativism on the principle that no one is ever applauded for approving a risky application: the lives that might be saved by taking a chance with a new drug will never be counted by comparison with a single unhappy death or malformation. But if the doctors cannot police themselves, what other choice do we have?

The evidence for widespread incompetence in drug prescription is impelling, but mostly anecdotal. Some rather superficial surveys have been made of the sources from which physicians obtain their drug information, and their own views of its reliability. The importance and credibility attached to detailmen's presentations should be alarming on the objective principle that they can hardly be expected to criticize their own products. Chloramphenicol was widely used long after its potential hazard for producing fatal aplastic anemia had been widely publicized. This has been the most instructive case study so far, because one could search out this rather rare disease from death certificate files. In California, between January 1963 and June 1964, there were 60 deaths from aplastic anemia, out of a total of 225,000. Ten out of these 60 were related to chloramphenicol, which had been administered to about 220,000 patients. The risk of drug-induced, fatal anemia is then about one in 22,000, which is thirteen times the general population risk.