

you can't allocate or prepare your ads. We were once told we couldn't get an answer because several of the Council doctors were away in Europe.

"The New York representatives do their best. They make frequent calls to Chicago for us, but they don't seem to be able to get any information. They are kept in the dark. Among other things, all this mystery and delay makes space-buyers and agencies wonder whether they are being discriminated against. A more businesslike policy is needed to convince us that we are getting fair and equal treatment."

The apparent arbitrariness on decisions about copy is another source of misunderstanding. Witness the comment of this ethical drug manufacturer:

"Council Acceptance is valuable to us as a selling point, and we tie it in with our direct mail and detailing whenever it is appropriate, but its value could be increased if the difficulties it presents to advertisers could be removed.

"There are too many objections to valid statements in the copy—statements which are supported by the best research in the best houses. I appreciate that JAMA must maintain a high standard. But when clinical investigations prove certain things about a product, why can't the ads say so?

"The AMA and the manufacturer *should* work together to inform the doctors, but the limitations imposed by the AMA prevent this. We have also found that there is unnecessary delay in granting Council Acceptance."

This comment on the same subject was offered by the head of a large medical ad agency:

"The Councils are inconsistent. They want a statement of facts as *they* see them, regardless of the truth or the requirements of good advertising. They even edit doctors' direct quotes.

"No one wants JAMA to accept junk, but reputable firms know what they are doing and self-policing is general. The fact that an advertiser naturally plays up the *best features* of his product doesn't mean that his claims are *untrue*. But the Council frequently objects to the emphasis in ads.

"For this reason, many manufacturers will establish a new product, making all the claims they want to make, before applying for Council Acceptance. Or sometimes they deliberately refrain from getting Council Acceptance at all because of the way it restricts their advertising."

Another complaint on trade names was offered by an executive of one of the large ethical drug firms:

"The policy on advertising of trade names is ridiculous. The product is actually sold under the trade name by every other method of selling."

Another large ethical drug firm offered this comment on mixtures and combinations:

"From an advertiser's standpoint, combination drugs should be given Council Acceptance if at all possible. We are terrifically restricted by not being able to get Council Acceptance on combinations. The rules of the Council definitely limit the amount of advertising which is allowed to appear in JAMA. There is no question about the fact that space we use would increase if it were not for these restrictions."

This double-barrelled comment came from an X-ray manufacturer:

"About acceptance of the Seal, *speed it up*. If the Seal meant anything, we would definitely hold up an advertising campaign, but it doesn't mean anything now, so we don't."

An otherwise happy ethical drug ad manager offered this comment:

"The time taken to grant acceptance is not bad, considering the problems involved. We got quick action on our last three applications.

"However, JAMA does take far too long to publish the official notices of acceptance. For instance, we had a product accepted last May and the announcement of acceptance has *still* not been published, even though this is December. Considering the number of ad pages they cover, JAMA should devote more space to these official notices, if lack of space is the reason for this delay."

The foregoing comments were criticisms of the Council as far as its standards or its operations are concerned.

A number of manufacturers felt that the AMA was remiss in not doing a better job in selling the value of the Council Seal to the physician. They felt that the advertisers placed comparatively little value on the Seal, because physicians place little value on and know little about, what the Seal stands for.

A medical equipment manufacturer gave as his opinion:

"If I had anything to do with the promotion and direction of the formation of policy of the Council, I would promote the Seal to the doctors. Don't make a commercial venture of it. Think of it in the light of protection to the doctor."