

APPENDIX XI

A STUDY OF MEDICAL ADVERTISING AND THE AMERICAN PHYSICIAN PART II.
THE PHYSICIANS' VIEWPOINT -- An Opinion Survey Made For the American Medical Association

There seem to be no pronounced or consistent differences on the basis of variations in exposure to commercial advertising channels.

On the second question (see Table 49), the breakdown was as follows:

79% would feel safer,
20% makes no difference,
1% qualified or other.

The same relative differences between various groups holds true on the answers to this question as on the preceding.

The third question (see Table 50), produced the following overall breakdown:

55% Council Seal is more important than the name
of manufacturer,
33% name of manufacturer is more important than
Council Seal,
5% they are both equally important,
3% other factors are more important than either, and
4% undecided.

There are some differences between the national average and the averages for special groups which one would not expect from the answers to the two previous questions.

Twice as many physicians who wrote the largest number of prescriptions consider the Council's Seal as of greater importance than the manufacturer (60% vs. 30%); among those who wrote the fewest prescriptions, this difference dropped to 48% vs. 39%.

Full-time G.P.'s were highest by type of practice (57% for the Council Seal vs. 34% for the manufacturer), and Internists attached most importance to the Council Seal (66% vs. 28% manufacturer) of any of the specialties.

Most surprising, the physicians under 40 attached relatively more importance to the Council's Seal (56% vs. 35%), than did the physicians 60 and over (53% for Council Seal vs. 31% for manufacturer).

As in the preceding questions, the small town physician living in towns under 10,000 population was relatively more impressed by the Council's Seal (62%) than by the name of the manufacturer (31%).