

counted on to take pills reliably or if she "hates to take pills" in general, this must be known. Medical contraindications to taking the Pill can only be determined by a physician. It is also up to a physician to determine to what extent that particular woman is able to participate effectively in the decision-making process, and what amount and type of information she can successfully assimilate. The way in which this information must be presented to her will depend on her cultural and educational background. Thus, no prepared, stereotyped format will serve the purpose. On the other hand, it is perfectly plain that physicians are very busy people, and they are not usually communications experts or professional educators. Many patients complain that their doctors don't tell them anything even when they have a serious ailment. Now, when the advantages of a drug are as dependent on proper following of instructions as is an oral contraceptive, good communication and instruction become absolutely vital to acceptance and reliability. The pharmaceutical companies have prepared various booklets and memory aids to help physicians in this informational process. Presumably they have obtained the services of communications and educational experts to prepare effective instructional aids. However, even under the best of circumstances, such efforts represent a compromise, since one cannot design an instruction program for every educational level or cultural background. Thus, while physicians can use training and memory aids to great advantage, the ultimate task of information and instruction remains theirs, and cannot be delegated. In such measure as patients are not adequately instructed or informed, the responsibility rests squarely on the shoulders of the medical profession.

There is one other type of professional information which is widely available. This is the so-called package insert. Now, the package insert is supposedly a concise summary of significant information relative to a particular drug. In actuality it is no such thing. It is a guarded truce concluded between lawyers whose primary interest is to protect their drug company from lawsuits, and the bureaucrats of the FDA, whose primary interest is to make no decisions that can generate political intervention. In addition to this, there are the pressures of the company's marketing division, whose chief purpose is to make as many attractive claims as the lawyers and the FDA will let them get away with. Neither the medical profession nor their patients are well served by such a document, and it is quite understandable that many physicians place little value on it. One can hardly imagine to what extent the package insert can be misinterpreted by a layman who might get hold of one, and with the help of a medical dictionary, tries to interpret the technical language, unaware of the content in which it was generated.

Finally, I should like to comment on one other point:

*Question 7. What is the proper role of the public information and communications media in this matter?*

It is quite obvious from the scientific data themselves, as well as from the proceedings of many hearings such as this one, that the questions which have been raised and which justifiably concern each one of us, have not yet been resolved at the scientific level. If the scientists themselves cannot agree on the interpretation of the available information, it must be asked whether public discussion of these issues, scientifically unresolvable as they are at this time, can serve any purpose except to confuse and worry the public. It may be asked whether one proper role of the protectors of the public would be to encourage and fund scientific inquiries aimed at answering these questions; at forcing, if necessary, the drug companies and the governmental agencies to enter into joint undertakings for the solution of particularly difficult and expensive problems? It may also be asked, whether a responsibility of the protectors of the public interest is not also to identify and castigate irresponsible members of the communications industry who spread misinformation and give unjustified prominence to patently extremist opinions. Biased television reportage, daily emphasis on gore and violence, and distortion of medical information are all part of the same reprehensible, sensationalistic pattern. There is no question that much sincere and competent effort is devoted to informing the public, and the need for more was emphasized recently by the Hellman committee. Just two days ago, the Drug Information Association concluded a symposium in this city on "Drug Information for the Medical Profession." Let us hope this is a landmark for at least one aspect of the communications problem. But the other, that of competent public information, is yet untouched. Some years ago I was interviewed by a senior editor of *Look* magazine, and from the way he conducted the interview, I was