help bring about needed access to the information in our files without taking unfair advantage of manufacturers or reducing incentives for future research.

3. We must study much more thoroughly how a physician can be reached and assisted to use drug information in order to build the most effective communication system beamed to him. We have a number of studies underway which will help us delineate this process.

4. We need to establish and make available to the physician a source of objective, balanced, accurate, nonpromotional timely information which is regularly and continually available to him and designed especially with the interests of himself and his patient in mind. This must include any new information which becomes available on newly discovered, beneficial, or adverse effects from marketed drugs. To meet this need, we are now developing plans for a National Drug Experience Reporting System which will provide information on adverse reactions observed by physicians, on the epidemiology of drug usage, on intoxications and drug abuse, and on interactions observed during the intensive monitoring of selective groups of in-patients and out-patients. This approach will permit more careful monitoring of new drugs during the post-marketing phase, promote identification of rare