LEAD INDUSTRIES ASSOCIATION
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DIRECTOR OF HEALTH AND SAFETY

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AIR MAIL

Thomas L. Shipman, M. D.
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Dear Tom:

If you have not already seen it, I think you will find interest in the July 12th N.E.J.M. editorial of which a copy is herewith.

Why would not the new column be an admirable forum wherein you and those named below could set before the Kinsels in our midst, the soundest thinking on the merits and demerits of MNA, as it develops?

While I doubt that our Texan subscribes to the N.E.J.M., I hardly need remind you that there are others of his ilk scattered hither and yon. Furthermore, the publication in question is surely "sans reproche" and must have one of the larges circulations (+ 2,240 paid) of any non-national medical journal in the Lan

Though you are corporeally on Rocky Mountain time, I know that your heart still ticks on Eastern Standard, so, if you think well of this suggestion, perhaps you will take the lead in getting it under way.

Sincerely,

MB

MB:dW
Enclosure
cc: Dr. Hardy
Dr. Johnstone
Dr. Kehoe
Mr. Sterner

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CURRENT THERAPEUTIC CONCEPTS

In the past decade numerous new drugs, drug combinations and therapeutic technics for the treatment of various diseases have appeared. These vary in value from the highly desirable to those of questionable or no merit. Unfortunately, the volume of these therapeutic claims is so great that it is nearly impossible for the busy physician to find time to study and evaluate them properly. Frequently, agents are introduced before there is much in the literature to support the claims made. Furthermore, many of the new substances or procedures are so complicated or so technical that special knowledge of the particular field is required to form sensible opinions concerning their values. As a result, a very undesirable situation has come into being whereby many physicians find themselves increasingly dependent on the claims of pharmaceutical-house detail men and the advertising that appears in such profusion in the medical journals and the mail.

Undoubtedly, the highly ethical pharmaceutical firms, through their representatives and advertising, endeavor to make available all information about their products. They are also alert to detect any defects or toxic properties of their agent and to pass on this information promptly to the physician. Each firm, of course, endeavors to place its own products in the most favorable light and avoids, as a matter of policy, criticizing as inferior or rating as better a competitor's product even when such information may be available.

This, then, leaves it up to the physician to discover the actual truth on his own. He can do so in one of three ways. In the first place, he can spend enough time and effort to become proficient in the field and then read the literature on the particular substance or technic. Unfortunately, becoming proficient may require a review of basic science courses, such as pharmacology, and complete coverage of the literature may be equally difficult since much of the written material may not be printed in the readily available journals.

The physician can use the new drug or technic and decide about the merits of the treatment by trial and error on his patients. This, of course, is highly unsatisfactory since it can be detrimental to the patients, as well as expensive, and, unless the treatment is frequently used, it may be nearly impossible to form a sensible opinion. Unfortunately, this procedure is too often followed, leading to the widespread use of nearly worthless technics and medications. Under such a program, drugs with nothing more than placebo value can be widely accepted and used for long periods before the true picture becomes apparent. Furthermore, such a procedure can be harmful both to the prestige of the physician and to the patient's welfare. A drug with inherent toxic properties may cause much damage before adequate knowledge is obtained by this type of study.

Finally, there is a third way in which the physician can approach this perplexing problem. He can be very conservative about his use of new drugs and procedures until they are widely accepted among leaders in the medical profession and authorities in the special fields as evidenced by articles in the leading clinical journals and confirmatory studies by independent investigators. He can accept, as the best available opinion, articles prepared by the Council on Pharmacy and Chemistry of the American Medical Association and editorial articles appearing in the leading journals. Admittedly, this is the best procedure to follow, but, unfortunately, pressures are great, time limited, and needs urgent when therapeutic measures are considered.

There is, consequently, a most serious need for help in this field. The measures already carried out by the Council on Pharmacy and Chemistry and the many articles and editorials on therapeutic matters are excellent, but they are not always current and certainly there is not nearly enough of this type of writing.

This situation has created concern in the minds of many. There have been many requests that an effort be made to give additional, up-to-date guidance in therapeutic matters. The hope has been expressed that some program or procedure could be established whereby information current among those with special knowledge in various therapeutic fields could be made available to those who are in urgent need of it.

The Committee on advertising of the *Journal* has, during the past year, gained a great deal of experience in its dealings with the many new preparations, claims and types of information that are being presented to physicians everywhere. Consequently, it seemed to many that this committee was a logical group to undertake the task of organizing and maintaining, with the help of a wide group of consultants, a column in the *Journal* in which current concepts of therapy would be presented and queries concerning drugs and procedures might be answered so far as possible. The first of these articles appears elsewhere in this issue of the *Journal.*