

POSITION STATEMENTS (ITEMS 2-11)

11/04/59

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AR.GOV.01 AAMC Series 6: Position Statements Box 1 Folder 2

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REPORT OF THE CHAIRMAN OF THE EXECUTIVE COUNCIL

JOHN MCK. MITCHELL

The report of the Chairman of the Executive Council was limited to the most important of the past year's Council actions and to those matters which the Council felt should be referred to vote of the Association.

First, the Supreme Court of the State of Illinois has decided the real property tax exemption suit in favor of the Association. This has been tedious and expensive, but the long-range savings to the Association will make the venture worth while.

Second, the first of a series of discussions between representatives of the A.M.A. Board of Trustees and the Council on Medical Education and Hospitals, the Executive Council of the A.A.M.C., and selected university presidents has taken place. This meeting was mostly concerned with the identification of the major problems presently facing medical education and the possible ways in which these might be amenable to a joint approach.

Third, in February, 1959, representatives of the Association met with the presidents of the Association of American Universities and took part in a very helpful discussion of medical education. It seemed to be the consensus, as evidenced by a letter later received by the Executive Director, that, while representatives of A.A.U. would always be available for discussion and consultation, no formal liaison with the A.A.M.C. was indicated.

Fourth, the Board of Directors of the Pharmaceutical Manufacturers Association and the Executive Council of the A.A.M.C. have now established a standing liaison committee which has held fruitful sessions. The initial result of this committee's work has been the development of the following statement:

Furtherance of Medical Education by the Pharmaceutical Industry

It is desirable that medical education be furthered to the greatest possible degree by the pharmaceutical industry. Such a furtherance is of great importance and in the best interest of the American public and the medical profession. It is essential that efforts of the industry in furthering medical education follow the highest of standards and to that end the following general principles are established by the Pharmaceutical Manufacturers Association and the Association of American Medical Colleges for the guidance of all concerned.

Surveys of medical students of questionnaire or other form made by the industry or members thereof, rarely result in the furtherance of medical education. The Association of American Medical

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Colleges is available for consideration of exceptions to this general statement and should be consulted to determine whether an exceptional survey is in keeping with these general principles.

Non-educational entertainment (such as cocktail parties, steak dinners, etc.) does not further medical education and such entertainment should not be requested by students or faculty or suggested by members of the industry.

Awards and prizes. Funds or other awards intended as recognition of a high order of scholarship or of research achievement of students or faculty members are an effective means of furthering medical education. The interest of the recipient is best served through his uninfluenced selection by his medical school and by the omission of photographs or press releases by the donor.

Lectures at institutes of learning, established by members of the pharmaceutical industry constitute a means of bringing special information to medical students and therefore are of value in medical education. *The final choice* of individual speakers should be made by the medical school concerned in the interest of providing the best possible source of information on a specific subject.

Visits to pharmaceutical laboratories constitute a source of medical education which is not available in medical colleges. The visits are therefore considered worth while, but the general principles regarding entertainment (except for necessary meals), printed literature, and drug samples should apply to the occasion of such visits.

The release of information regarding research products prior to their acceptance by the medical profession is not in the best interest of the American public. Such releases are discussed in the "Statement of Principles of Ethical Drug Promotion," adopted by the PMA, May 24, 1958. Because of this general principle, press releases on unestablished drugs should not be made by members of the industry or by medical colleges. In addition, press releases on established drugs when students or faculty members of a medical college are involved, should follow the established practices of the medical college concerned.

Television or radio productions involving medical colleges or research efforts in such colleges should be invariably presented in a way that the greatest possible degree of medical education is obtained from the production. Unnecessary dramatization or other accent of material which does not provide educational information is discouraged and to be avoided.

Printed literature of pharmaceutical manufacturers is frequently of considerable value in medical education. The use of educational literature by students is encouraged, but the interest of the student is best served by its distribution through a qualified official of the medical school concerned.

Drug specimens are an important part of the education of a medical student. However, it is illegal for a student to receive prescription drugs for other than study purposes, which study should be conducted in his formal class sessions. For this reason, prescription drug samples should be made available for use by students only through a qualified official of the medical college concerned.

The above paragraphs cover subjects which are representative of certain specific undesirable practices, although the list is by no means exhaustive. In general, as a basic guiding principle, both the medical educators and the leaders of the pharmaceutical industry can agree that any act, practice, or policy which tends to result in the exploitation of the medical school, educator, or student for commercial or selfish consideration is undesirable. Therefore, there can be no furthering of such acts, practices, or policies by anyone who is truly interested in the future health and strength of medical education.

Additions to or modification of these general principles should result from continuing conference between designated members of the two associations concerned.

This document is intended to serve as a guide to medical schools as they may have occasion to deal with pharmaceutical firms. The statement is subject to change and amendment, and it is hoped and expected that, as questions and suggestions arise, they will be forwarded to the Executive Director so they can be referred to the Liaison Committee. The approval of the statement "Furtherance of Medical Education by the Pharmaceutical Industry" was unanimously voted.

The AAMC-PMA Liaison Committee has also established a sub-committee under the chairmanship of Dr. John E. Deitrick, which is made up of representative medical

PHARMACEUTICAL MANUFACTURERS ASSOCIATION

STATEMENT OF PRINCIPLES OF ETHICAL DRUG PROMOTION

WE, members of the Pharmaceutical Manufacturers Association, recognizing our responsibilities and obligations to promote the public welfare and to maintain honorable, fair, and friendly relations with the medical profession, with associated sciences, and with the public, do pledge ourselves to the following statement of principles:

1. Prompt, complete, conservative and accurate information concerning therapeutic agents shall be made available to the medical profession.
2. Any statement involved in product promotional communications must be supported by adequate and acceptable scientific evidence. Claims must not be stronger than such evidence warrants. Every effort must be made to avoid ambiguity and implied endorsements. Whenever market, statistical or background information or references to unpublished literature or observations are used in promotional literature, the source must be available to the physician upon request.
3. Quotations from the medical literature or from the personal communications of clinical investigators in promotional communications must not change or distort the true meaning of the author.
4. If it is necessary to include comparisons of drugs in promotional communications, such comparisons must be used only when they are constructive to the physician and made on a sound professional and factual basis. Trademarks are private property that can be used legally only by or with the consent of owners of trademarks.
5. The release to the lay public of information on the clinical use of a new drug or to a new use of an established drug prior to adequate clinical acceptance and presentation to the medical profession is not in the best interests of the medical profession or the layman.
6. All medical claims and assertions contained in promotional communications should have medical review prior to their release.
7. Any violation of these principles brought to the attention of the President of the Pharmaceutical Manufacturers Association shall be referred by him to the Board of Directors.

(Passed by P.M.A. Board of Directors on May 24, 1958)

RESOLUTION

P.M.A. Board of Directors
Meeting of September 18, 1958

RESOLVED: That the Board of Directors of the Pharmaceutical Manufacturers Association, an association of the manufacturers of ethical, pharmaceutical products:

1. Commends the Department of Health, Education and Welfare for its foresight and wisdom in choosing outstanding consultants to report on the vital and complex questions involved in the future direction of medical research and education;

2. Commends the consultants for the objective and analytical character of their report of June 27, 1958, known generally as the Bayne-Jones Report;

3. Believes that this report should serve as a guide to the thinking of all those concerned with the part the Federal Government should play in the field of medical research and education, but that no one report, however able, can at once solve all the complex problems involved;

4. Believes that further study and appropriate implementation of this Report should be given by a continuing committee, which will serve as a permanent source of top level advice to the Government authorities involved and which tentatively might be named, National Council for the Advancement of Medical Research and Education preferably to be created by an Act of Congress on as broad a basis as possible; and

BE IT FURTHER RESOLVED:

That this Board recommends to the President of the Association that he forthwith appoint a committee to consult with other groups and leaders including, but not necessarily limited to, the following fields: medical education and research, the medical profession, government research and the pharmaceutical industry; with the purpose of implementing this resolution.

COPY

ASSOCIATION OF AMERICAN MEDICAL COLLEGES

2530 RIDGE AVENUE • EVANSTON, ILLINOIS

EVANSTON: DAVIS 8-9505
CHICAGO: BRIARGATE 4-2311

January 5, 1959

Board of Directors
Pharmaceutical Manufacturers Association
503-7 Albee Building
Washington 5, D.C.

Gentlemen:

In recent years the deans of the United States medical schools have become increasingly concerned over the trends of some members of the ethical pharmaceutical industry to develop certain programs of questionable educational value for medical students and faculty members. Our concern for this problem resulted in the following resolution which was drafted and approved by the deans at our Annual Meeting on October 14, 1958, in Philadelphia.

WHEREAS the Executive Council of AAMC is deeply concerned over the increasing trend of the ethical pharmaceutical industry to approach medical schools through varied programs of questionable educational value, i.e., certain kinds of awards, lectureships, prizes, plant visitations, television productions, printed matter, student parties and other activities of a promotional nature,

WHEREAS the Executive Council recognizes the strong interest and deep concern of the pharmaceutical industry for the present and future welfare of medical education as well as the industry's significant contributions to medical schools in the past,

WHEREAS assistance to medical education must be clearly separated from the industry's promotional and advertising campaigns if it is to be of significant and enduring value,

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WHEREAS the pharmaceutical industry recognizes that no group stands to gain more from strong, free, medical education than do those ethical houses concerned with the production and marketing of drugs and pharmaceuticals,

BE IT RESOLVED that the Association of American Medical Colleges seek the opportunity to meet with the leaders of the ethical pharmaceutical industry to discuss their present programs of questionable value and strive for the development of a sound program of industry support which provides contributions that are more direct and of greater value to medical education.

While this resolution was general in nature, it specifically was referring to the following types of "educational activities" conducted by various pharmaceutical houses and which have received voiced or written disapproval from medical schools deans.

A) Questionnaires and surveys of all types--such as a recent one sent out by the marketing division of one company to some deans with the stated purpose "to help the promotion of (blank) company with medical students."

Or one sent out in the spring of 1958 by Professional Research Analysts of Chicago requesting the deans to enlist the aid of their students as interviewers for such subjects as "the use of muscle relaxants in private practice," "the role of emollients in general practice," "antacid therapy in pregnancy," etc.

B) Cocktail parties, steak dinners, and other non-educational social functions--such as the steak dinner and social period sponsored by the (blank) company in honor of the residents and interns of the Boston area.

Or the all-afternoon and all-evening golfing party thrown by one of the companies for residents and interns in the Chicago area--voluntarily reported to us via phone by a dean who considered it strictly promotional in nature.

Or the (blank) company party and other lavish entertainment prepared for medical students during the last annual meeting of SAMA.

C) Awards and prizes--such as colored prints of medical history, that are offered to most schools if the dean will receive the prints in person, this to be accompanied by suitable photographs and news releases of the presentation ceremonies.

Or such material awards as the gold Omega wristwatch which, among other things, is engraved on the back to show that it is the (blank) company award.

D) Speakers and lecturers--such as varied representatives of pharmaceutical companies requesting "equal time" with medical students, as allegedly has been given their competitors.

Or special name lectureships such as the (blank) company centennial lecture series.

E) Plant visitations--all visits to pharmaceutical plants by medical students where any part of the trip--transportation, lodging, meals or entertainment--is sponsored by the commercial interests.

F) Certain kinds of press activities--such as those involving results of product research by a member of a medical school staff and which are blown into unrealistic proportions, usually prematurely, by representatives of the company itself or its advertising-public relations agency.

G) Certain television and radio productions--particularly certain network originations which, because of alleged need for "showmanship" and "entertainment" to hold an audience, have sometimes distorted but more often failed to allow a full report of medical fact. On many occasions their educational value also has been held questionable when evaluated against the investment of time, energy, space, inconvenience and, occasionally, money on the part of the medical school and its staff.

H) Audio-visual aids--such as certain films, film strips, artwork, slides and other materials developed by many commercial concerns for use by the medical schools. Some of these have proved valuable to medical education. Others, however, evidently were not produced by companies that had taken the time to survey the need for such films or other materials and thus, in the opinions of many educators, have wasted thousands of dollars that could have been put to better educational use.

I) Printed materials--the over-saturation of each individual medical student and staff member with printed materials of all types--most of which, despite their elegance and therefore cost of printing, immediately on receipt in the doctor's office are relegated to the category of refuse.

Although these are only some of the projects of questionable educational value that have come to our attention, I believe them to represent enough evidence that a problem does exist and that it involves many thousands of allegedly wasted dollars. In fact, prior to the collective resolution of October 14, the deans had begun to take steps towards remedying those individual programs placing the heaviest burden on the medical school family. Thus, at its 1957 meeting, the Association of American Medical Colleges adopted the following resolution concerning the use of students as detail men.

Resolution on Exploitation of Students

"The Council of the Association of American Medical Colleges is of the opinion that any activity of a student which might be interpreted as exploitation of his or her status as a medical student or through him or her, of the medical school, is undesirable and should be discouraged."

In 1958, the following resolution concerning procedures for approving and handling questionnaires and surveys of medical schools by outside groups was adopted.

Resolution Concerning Questionnaires and Surveys

The medical school administrators of the United States and Canada are aware of the pressing need for factual data that will elaborate the teaching, research and service aspects of their many responsibilities.

To the end that this can proceed in an orderly and efficient manner, and to the end that data already developed may be used to the fullest extent possible, and also to the end that the medical schools not be approached with unimportant or poorly conceived questionnaires and surveys, the institutional members of the AAMC direct the Executive Council to establish the procedures whereby consultation and, where indicated, liaison, can be established with agencies or individuals that have already developed or may wish to develop such data.

In order to facilitate this assignment, it is recommended to the institutional members that the completion of questionnaires or cooperation with surveys be limited to those that have been justified and approved by the Executive Council, and that all questionnaires and surveys that have not been so approved be referred to the Association office so that contact with the agency or agencies or individual or individuals concerned can be established. Further, it is recommended that insofar as possible, acceptable

(continued)

questionnaires and survey studies be incorporated within the framework of existing mechanisms and methods of the AAMC and the Liaison Committee on Medical Education, or within the periodic program and cost accounting project that is currently being developed under the direction of Mr. A. J. Carroll.

In stating our position on the questionable educational activities by some pharmaceutical houses, we must point out our awareness of the fact that certain pressures are exerted on the industry from time to time by students and faculty members to gain financial support for various projects, some of which could well fit into our aforementioned descriptions of questionable programs.

We also are anxious to point out that we fully recognize the many significant contributions that have been made to medical education by the ethical pharmaceutical industry. The AAMC hopes that this interest on the part of the industry will continue.

The meeting of Mr. Searle, Dr. Upjohn and Mr. Cain with our Administrative Committee was sincerely appreciated. We felt that the discussion was most helpful. Any suggestions that the Board of Directors can make that will foster the best possible relationships between the medical schools and the ethical pharmaceutical industry also will be appreciated. We are most anxious to cooperate in this endeavor.

Most sincerely yours,

Ward Darley, M.D.
Executive Director

WD/mgk

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Pharmaceutical Manufacturers Association

(SUCCESSOR TO AMERICAN DRUG MANUFACTURERS ASSOCIATION AND AMERICAN PHARMACEUTICAL MANUFACTURERS' ASSOCIATION)

REPRESENTATIVE OF MANUFACTURERS OF PRESCRIPTION PRODUCTS

503-7 ALBEE BUILDING, WASHINGTON 5, D. C.

NATIONAL 8-6435

January 30, 1959

Dear Sir:

As you know, the Board of Directors of this Association last November recommended the establishment of a "National Council for the Advancement of Medical Research and Education" to continue, on a permanent basis, the work of the Consultants Committee on Medical Research and Education to the Secretary of Health, Education, and Welfare, headed by Dr. Stanhope Bayne-Jones. A copy of the P. M. A. resolution was sent to you.

A few weeks ago, the P. M. A. Board took further action as a consequence of the Consultants' report by adopting the attached Statement of Principle. This statement affirms the belief that the Government must give highest priority to the support of basic research and to policies which would increase the nation's pool of research personnel in the health sciences. In thus affirming the Consultants' report, the ethical pharmaceutical industry recognizes that its ability to make a continuing contribution to the nation's health depends in large measure upon our academic research centers. The industry spent \$170, 000, 000 for research in 1958 and contemplates research expenditures of \$190, 000, 000 in 1959. However, the future of such efforts is intimately linked to the basic research and training carried on by the nation's academic institutions.

We would particularly welcome your views on the points made in this Statement of Principle.

Sincerely,



George F. Smith
President

GFS/mm
Enc.

STATEMENT OF PRINCIPLE ON
GOVERNMENT SUPPORT OF MEDICAL RESEARCH

Pharmaceutical Manufacturers Association
507 Albee Building - Washington, D. C.

P. M. A. STATEMENT ON GOVERNMENTAL SUPPORT
OF MEDICAL RESEARCH

The Board of Directors of the Pharmaceutical Manufacturers Association believe that it is constructive at this time to state their views as to the support of medical research and education by the Federal Government. At their meeting in New York City, January 8, 1959, they therefore approved the following statement.

In 1940, according to the Report of the Committee of Consultants to the Secretary of Health, Education, and Welfare, commonly known as the Bayne-Jones Report, the Federal Government contributed \$3 million to medical research. In 1958 federal expenditure for medical research reached \$227 million. (Data relating to the National Institutes of Health, September, 1958.)

The pressures upon the Congress and upon Federal agencies for practical results are apparent and unquestionably will increase in direct relation to the size of the expenditures. But as the Bayne-Jones Report states, "pressures for practical results cannot be allowed to supersede the kind of fundamental studies, which, over the long run, produce revolutions rather than merely improvements in health standards". In his communication of last July to President Eisenhower, Dr. Alan T. Waterman, Director of the

National Science Foundation, makes a similar statement: "As history amply records, the most epoch-making scientific discoveries have come from basic research".

Some noteworthy basic research is being carried out in the laboratories of the pharmaceutical industry, but the major centers for this basic effort are non-profit institutions, universities, medical schools and research institutions. The research and development work of our industry largely rests on this foundation. On the other hand, the pharmaceutical industry, with its \$127 million expenditure in 1957, and at least \$170 million in 1958, already does outstanding applied research and development leading to clinically useful products. After every advance in the laboratory and clinic, it has been the pharmaceutical industry which, with its own funds, has created the modern medicines which have benefited so many.

The present cancer chemotherapy program, involving an extensive series of contracts with pharmaceutical firms, should not be taken as a precedent for the attack on other disease categories. In the cancer field, the lack of leads after so many years of effort together with the nature of the problem, probably required a government subsidy to industry (devoted principally to an experimental mass screening program of all types of chemical agents) in order to supplement the basic research program being carried on in the laboratories of non-profit institutions.

In fields other than cancer, the pharmaceutical houses are pushing the search for new drugs with adequate funds and with every means at their disposal in the light of present knowledge. It is our basic knowledge that needs to be increased, as rapidly as possible, and Federal funds should be channeled to academic institutions, which need them to support and expand their basic research.

Moreover, in our total medical research activities the paramount problem is the critical shortage of scientific personnel. The extent of this personnel shortage is well documented: The Bayne-Jones Report indicated that 25,000 additional scientists will be needed by 1970, but that present training facilities will provide only 19,000. This is a deficit of more than 30 percent. A recent editorial in the J. A. M. A. (November 15, 1958) points out the alarming number of unfilled faculty positions in our medical schools even today.

Government subsidies for industrial research would still further accentuate this manpower problem. It must be recognized that there are only three ways by which a pharmaceutical firm can staff a government subsidized project. The first is to divert its own scientists from projects on which they are already working. The second is to obtain additional personnel from other firms, which results in a wasteful pattern of raiding. The third — easiest but most destructive — is to obtain the needed people from academic life, thus depleting still further the supply of teachers and scientists engaged in basic research.

In view of the current trend towards government-industry "crash programs" in electronics, aircraft and other fields of research, it may seem surprising for the pharmaceutical industry to urge that funds for medical research go mainly to academic institutions. For the reasons stated above, however, this Board believes that in the allocation of Federal funds for medical research — which as the Bayne-Jones Report states is inherently inseparable from medical education and training — the following principles should be adopted.

1. Since our further progress in medicine directly depends upon the supply of highly-qualified scientists, the training of additional teachers and research personnel should have highest priority.

2. Government funds should be principally allocated to basic research objectives, to expand our fundamental knowledge in all medical fields, rather than to applied research and development.

3. Except in unusual circumstances, government funds should therefore be allocated to non-profit institutions, such as medical schools, hospitals, and research institutions, rather than to private industry. Private industry should be subsidized only in cases where no non-profit organization can do the job. In such exceptional cases, however, full cooperation can be expected from a pharmaceutical firm approached by the Federal Government because of its unique qualifications.

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From
ST. LOUIS POST-DISPATCH
Wednesday, February 11, 1959

DRUG FIRM AD BUDGETS NEAR
TOTAL SPENT TO TRAIN DOCTORS

CHICAGO, Feb. 11 - The booming drug industry, with an annual advertising budget comparable to the amount the nation spends to train new doctors, is being asked to contribute more money to basic medical education.

At least one leading medical school, Harvard, has begun to reject graduation prizes and other overtures of the trade, suggesting politely that if pharmaceutical houses want to help, there are more realistic ways of doing so.

Dr. Ward Darley, executive director of the Association of American Medical Colleges, said here today that his organization was meeting with a committee of the Pharmaceutical Manufacturers Association to talk about the financial needs of the medical schools.

"Our approach to this is entirely positive," Dr. Darley said. He told the Post-Dispatch there was not enough interest in the institutions that turn out medical scientists and doctors, and "we are trying to talk to all elements of our society about the problem."

\$300,000,000 Budget.

The two-billion-dollar pharmaceutical trade has been reported to spend more than \$300,000,000 a year to promote products prescribed by doctors. In medical journal ads and in direct mail advertising alone, it spends more than \$100,000,000 annually.

By contrast, the American Medical Association estimated that the total expenditures of 85 medical schools in the United States for 1957-58 was \$272,375,402. The figure includes federal grants for research and teaching.

In comparing the drug trade's advertising bill with medical school costs, Dr. Darley indicated his purpose was not to criticize the industry but to show that the institutions producing M.D.'s and Ph.D.'s in medical science need attention.

Dr. Darley, former president of the University of Colorado and dean of its medical school, referred to the ominous report made last year by the recently disbanded Government advisory committee to the Department of Health, Education and Welfare.

U.S. Needs by 1970.

The committee, headed by Dr. Stanhope Bayne-Jones of Yale University, projected the nation's needs for medical research and education 12 years ahead. It called for construction of 14 to 20 new medical schools and estimated that the number of medical research workers would have to be more than doubled by 1970.

In its projection, the committee put the annual requirement for medical research at about one billion dollars by 1970, compared with \$330,000,000 in 1957. It said the Government would put up about half the money, and "philanthropy and industry" the other half.

"They don't go into the fact that these people all come from medical institutions," Dr. Darley said. He and other educators are anxious that the medical schools get their proper share of emphasis and support from all sources.

Dr. Darley displayed a "Statement of Principle" recently issued by the Pharmaceutical Manufacturers Association, calling attention to the Bayne-Jones report and urging the Government to give top priority to basic medical research programs.

Drug Industry Figures.

The drug industry spent about \$110,000,000 for research and development in 1956 and in 1958 it claims to have spent "at least" \$170,000,000. Some of this money goes into basic science, but most of it is aimed at finding clinically useful products.

What the medical schools need is additional unrestricted operating funds, as opposed to grants that have a specific objective at postdoctoral level. It was to tap new sources of unrestricted cash that the National Fund for Medical Education was organized in 1949.

The national fund was started by a group of university presidents headed by Dwight D. Eisenhower, then president of Columbia, and the American Medical Association and the Association of American Medical Colleges, Dr. Darley's organization.

Thus far the response has been appreciable but certainly not spectacular. From 1951 through 1957 the fund made unrestricted grants of nearly \$16,000,000. In 1957, industry tossed \$2,050,756 into the hat, a 10 per cent increase over 1956.

The drug industry's contribution in 1957 was \$243,380 a sum larger than the gift of any other industry except life insurance, which gave \$317,266.

While discussing frankly the need of medical schools for more support from the pharmaceutical houses, and any other legitimate quarter, Dr. Darley showed no great concern about

the advertising pressures concerning which some elements of the medical profession have complained.

Harvard's Philosophy.

"I don't think there is anything here a little conversation isn't going to take care of," he said. He added that Harvard Medical School was the only one that, to his knowledge, was rejecting graduation prizes and similar blandishments habitually offered by drug houses.

A spokesman for Harvard Medical School, the dean of which is Dr. George P. Berry, said certain prizes offered by drug houses to honor medical graduates were dropped last year, and the school also turned down a "lectureship" offered by a pharmaceutical concern.

In turning down these offerings, the spokesman said, Harvard's philosophy was that the action might get the drug houses to thinking along more constructive lines - such as scholarships or unrestricted gifts.

In Chicago, Dr. Darley said he was concerned about the job of keeping medical schools abreast of the rapid changes that are taking place.

"There is a tremendous body of knowledge that is piling up that's important to the use of these new remedies," he said. "I think your education on this must be entirely positive. Our basic education should be good enough so that the student will have the knowledge to discriminate.

Many Gifts Unheralded.

"You've got to admit, whether there's excessive advertising or not, we've never had the specifics (for treatment of disease)

we have at the present time....We've never had this tremendous array. Our problem is to lead our students to methods of study that will enable them to discriminate."

In defense of the drug concerns, Dr. Darley cited one that "came along anonymously" with a \$2,500,000 gift to a medical school. He said many contributions made by the industry went unheralded.

The burgeoning growth of the pharmaceutical industry and the money flowing from its coffers are watched with interest not only by medical educators but by the media that compete for advertising funds.

Advertising Age, in an ebullient article last March, noted that "ethical drug" advertising—ethical because it is beamed at the physician and not the public—had soared from \$15,000,000 a year in 1943 to more than \$100,000,000 in 1958.

The magazine reported that Lederle Laboratories one of the top five advertisers, spent \$186,000 in medical journal space during January, 1958 alone. Lederle's total advertising budget for 1958 was estimated at \$4,000,000.

It is a matter of pride with the drug industry that its ads make possible the publication of medical journals, and in some cases support them entirely.

By WILLIAM K. WYANT JR.
Staff Correspondent of the
Post-Dispatch.

Suggested Agenda -- Joint Meeting of Representatives of AAMC and PMA

Objective - Exploration of areas of mutual interest between the Pharmaceutical Industry and Medical Schools.

- 1. Shortage of scientific personnel.
- 2. Research support.
- 3. Supply of medical students and medical needs for the future.
- ✓ 4. Causes of misunderstanding.
- 5. Supporting funds for teaching personnel.
- ✓ 6. Medical education within the drug industry.
- ✓ 7. Opportunities for medical personnel to serve directly or indirectly the drug industry.
- 8. Opportunities for the industry to support the medical and research centers.
- ✓ 9. Review of proposed principles.

*Student Financial Problems
Quality of Students*

✓ *Students as detail men.*

✓ *Lists of students & where they are*

Consulting services

✓ *Contract research*

✓ *Making lists*

Specialty Services

W. S. ...

✓ *S.A.M.A.*

Suggested Agenda -- Joint Meeting of Representatives of AAMC and PMA

1. Introductory remarks, including a brief enumeration of the number of medical schools and the variations in their type of sponsorships and in their relationships and location to their parent universities.

2. A brief summary of the many kinds of activities that go on in and around a school of medicine.

3. A review of medical college costs and the facts that are necessary to explain the costs.

4. The present status of the long-range financing of medical education.

5. Medical student problems, that is, problems that have to do with student selection, the quality of applicants, medical student financing, etc.

6. The definition of academic deficits and their significance in medical education.

7. The construction needs of medical schools.

8. Problems that have to do with medical school faculties: methods of remuneration, sources of faculty, what faculty do, faculty shortages, etc.

9. Medical service plans: their definition, the manner in which they are related to medical schools, universities and teaching hospitals, the problems that are concerned therewith, etc.

10. Medical school-hospital-university relationships.

11. Medical education vs. medical training.

12. Place of research and service in medical education.

April 20, 1959

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Joseph A. Lundy, M.D., President
Worcester District Medical Society
57 Cedar Street
Worcester 9, Massachusetts

Dear Doctor Lundy:

Thank you for your letter of April 2, received in my absence last week, concerning the annual dinner and golf meeting of the Worcester District Medical Society on May 13.

Due to the pressure which has been put on the industry by medical associations, the Deans of medical schools, and others, we are withdrawing our support of cocktail parties, dinners, outings, etc. We believe that such meetings should be self-sustaining, particularly as regards the social aspects, and our company at least would not be in a position to sponsor the cocktail hour for your gathering.

I am quite sure you understand our position.

Sincerely yours,

GRC/mc

bcc: ✓ Ward Darley, M.D.

Worcester District Medical Society
Fifty-seven Cedar Street
Worcester 9, Mass.

April 2, 1959

To the President
Abbott Laboratories
North Chicago
Illinois

Dear Sir:

The Worcester District Medical Society will hold its annual dinner and golf meeting at the Wachusett Country Club, May 13, 1959.

Mr. William Alan Richardson, Editorial Director of the magazine, Medical Economics, will be the principal speaker.

We invite your sponsorship of the preceding cocktail hour.

To save your time please restrict your reply to exploration or acceptance. We understand very well variations in company policy.

My program chairman is Dr. John A. Maroney, Hancock Hotel, Worcester 8, Massachusetts.

Sincerely yours,

Joseph A. Lundy, M.D.

Joseph A. Lundy, M.D.

President

Worcester District Medical Society

JAL/3

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THE CENTRAL ASSOCIATION
OF
OBSTETRICIANS AND GYNECOLOGISTS

Office of EDWIN J. DECOSTA, M.D., Secretary-Treasurer
Suite 615
104 South Michigan Avenue
Chicago 3, Illinois

May 9, 1959

Mr. John G. Searle, President
G. D. Searle & Co.
P. O. Box 5110
Chicago 80, Ill.

Dear Mr. Searle,

Your letter of May 5 replying to our invitation to the Searle Company was extremely informative and most appreciated.

This is the only time the Central Association has ever sought sponsorship. As to the other entertainment I mentioned, these plans were effected by the Local Arrangements Committee.

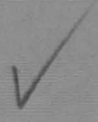
Your views are certainly clearly stated and we understand and respect your position. You are "off the spot." And, knowing what we now know, I am chagrined that the idea was even proposed. There is one redeeming feature, however: we have learned something we did not know and something which is logical and a real step forward.

Thanking you,

Sincerely,

EJD:MHB

Edwin J. DeCosta, M.D.
Secretary



Dr. Dr. Darley

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G. D. **SEARLE** & CO. P O BOX 5110, CHICAGO 80, ILLINOIS, U S A

May 5, 1959

Edwin J. DeCosta, M.D.
 Secretary, The Central Association
 of Obstetricians and Gynecologists
 104 South Michigan Avenue - Suite 615
 Chicago 3, Illinois

Dear Doctor DeCosta-

Your suggestion to Mr. O'Brien in your letter of May 4th has placed us in a very difficult position.

At the end of last year the Association of American Medical Colleges publicly rebuked the pharmaceutical manufacturers for sponsoring and participating in cocktail parties, steak dinners, and other non-educational social functions as being against the best interests of students and the profession. They requested that we appoint a special committee to meet with them. I was asked to serve as Chairman of this Committee and we have had several meetings with the deans and representatives of the A.A.M.C.

It is expected that out of these meetings principles that should govern the relations between schools of medicine and ethical pharmaceutical houses will evolve. At the present time a number of these principles have been presented for consideration and I quote below two of them.

1. General: Any activity of a student which might be interpreted as exploitation of his or her status as a medical student, or through him or her, of the medical school, is undesirable and should be discouraged. This policy is in line with a resolution adopted in 1957 by the AAMC.
2. Cocktail parties, steak dinners and other non-educational social functions: Medical schools and student groups should not request pharmaceutical concerns to support or finance cocktail parties, dinners or other non-educational functions and, conversely, pharmaceutical concerns should not offer to sponsor such affairs.

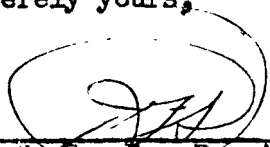
Other principles have to do with questionnaires and surveys, Awards and prizes, Speakers and lecturers, Printed materials, etc. etc.

In these meetings the pharmaceutical manufacturers have stressed that it is not only medical schools and students that are affected by such behavior but that we in the industry are constantly under pressure from national, state, county, and specialty organizations to perform this service. We have stated that we honestly do not believe this is a real contribution to the profession but if we are to sponsor one, how do we refuse another? It is a real problem, and the A.A.M.C. indicates that they expect to take this thing up through all professional sources.

Their thesis is, and we are inclined to agree, that the money now used for these purposes would be much better utilized as donations to support the various medical schools, and that economics do not indicate that it is necessary to furnish these funds as those participating can well afford to take care of this expense themselves.

I have taken the privilege of outlining this to you in pretty complete detail and I think you can see that I personally am on the spot. I would welcome talking to you further about it.

Sincerely yours,



John G. Searle, President
G. D. SEARLE & CO.

JGS:d

cc - Dr. Ward Darley ✓
Mr. George Cain
Mr. Samuel Shaffer

G. D. **SEARLE** & CO. P O BOX 5110, CHICAGO 80, ILLINOIS, U S A
May 7, 1959

William H. Stewart, M.D.
Chief, Division of Public Health Methods
Department of Health, Education, and Welfare
Public Health Service
Washington 25, D. C.

Dear Doctor Stewart-

In the April 13, 1959 draft of Chapter IV, "Sources of Support", the first paragraph on top of page 5 gives an example of the pharmaceutical manufacturers' contributions for medical school support. The figure given did not seem representative to me and, as a consequence, I have made some inquiry on this subject.


I am told that the Pharmaceutical Manufacturers Association survey of 1958 indicates that in that year \$20,560,000 went to medical and related schools, hospitals, foundations and similar organizations from the representatives of this Association. About one-fourth, or \$5,260,000 represented the industry's contribution to schools, hospitals, etc. for unspecified or unrestricted purposes. This means gifts, contributions, or research grants of an unspecified nature. The figure \$1,900,000 as shown in the report is part of the \$20,560,000 mentioned. \$13,100,000 went to Universities, hospitals, etc. in the form of specific research grants, or contracts.

It would, therefore, seem that we can truthfully say that "More than \$20,000,000 are given to medical and related schools, hospitals, etc. each year by the pharmaceutical industry for the support of research and education. Of this total, about \$5,000,000 is given as gifts, contributions, and unrestricted grants for education and unspecified research, and about \$2,000,000 to other organizations which in turn support education in medicine and science. These organizations include the National Fund for Medical Education and the American Foundation for Pharmaceutical Education."

I give this information to you for what it might be worth.

I personally greatly enjoyed our last meeting and am looking forward to the next one.

Sincerely yours,



John Q. Searle, President
G. D. SEARLE & CO.

JGS:d

cc - Emory W. Morris, D.D.S., LL.D.
Ward Darley, M.D. ✓
Frank Bane
Karl Bambach, Ph.D.