5 to 10 minutes of reading these references than from talking with a drug sales representative or viewing a journal advertisement. Certainly, they would gain a more objective and broader overview of a particular drug class and alternatives.

It is true that individual physicians must buy these references while conversations with pharmaceutical sales representatives or lectures sponsored by pharmaceutical companies are free to the physician. However, the $5000 per physician per year pharmaceutical companies spend[3] on promoting their medications is passed on to the physicians' patients in terms of higher drug costs.

Perhaps the pharmaceutical companies could better use the money spent in marketing communications that "are primarily informational and serve to educate the medical profession"[1] by sending each physician a yearly subscription to *The Medical Letter, Drug Evaluations Annual*, and *Drug Facts and Comparisons*.

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Value and Need for Pharmaceutical Promotion Disputed

Wind[1] and Levy[2] make compelling arguments in their attempt to justify current pharmaceutical company advertising and marketing practices. The essence of their assertions is that the pharmaceutical industry's promotional activities provide drug and therapeutic information superior to other means of physician education, including professional society-sponsored continuing medical education, peer-reviewed medical literature, and other nonbiased sources of drug information.

There exists little doubt as to the effectiveness of the promo-education (or "promeducation") efforts of the industry. Avorn et al[3] demonstrated that the prescribing habits of physicians are more closely allied with the promeducation literature from industry than with the findings from the medical literature regarding certain ineffective drug therapies for pain and senile dementia.

But doubt exists in the assertion made by Levy[2] that market pressures and the FDA effectively force manufacturers to provide accurate promeducation. Wilkes et al[4] found, in a critical review of prescription drug advertisements published in major medical journals, a disturbingly high proportion of advertisements that contained misleading information, thus appearing to violate FDA regulations governing the accuracy and balance of drug advertisements.

The further view submitted by Levy[2] that pharmaceutical sales representatives are needed to assist physicians in "keeping up" is of grave concern to those involved in medical education.[5-8] It is likely that in the absence of industry promeducation, that alternative methods for the dissemination of information on important new drugs would be satisfactorily achieved via the rise of publications similar to *The Medical Letter* and with online databases such as COLLEAGUE, DIALOG, and GRATEFUL MED.

However, it is of interest to note that not all new drugs are important drugs. Indeed, between 1981 and 1988, 348 new drugs were approved for marketing. Of these, 291 (84%) were categorized by the FDA as representing "little or no therapeutic gain"; only 12 (3%), or 1.5 drugs per year, were considered an "important" therapeutic gain.[9] This is consistent with our observation that the vast majority of visits by sales representatives are for promeducating us on "me-too" drugs.

Finally, we have concerns about the stated ideas of a competitive marketplace. Levy[2] contends that competition among calcium channel blockers drove down the cost of newer agents. The issue, however, is not one of which calcium channel blocker or second-generation oral cephalosporin or, as illustrated by Felicetta,[10] which HMG-CoA reductase inhibitor to prescribe, but perhaps why physicians are not being promeducated by industry about hydrochlorothiazide, amoxicillin, or niacin. The answer is of course that no huge profits are generated by the use of these equally safe and effective medications, just cost savings to our patients.

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