In their awesome power, modern drugs may be likened to nuclear weapons. Their discovery and application marks one of the most exciting chapters in the history of medicine. But, as one of our distinguished colleagues has noted, we are prescribing, dispensing, and using them as if we were dealing with bows and arrows.

To some, the misuse of these products is measurable simply in terms of dollars and cents. The problem may thus be dramatized by the plight of the poor and the elderly, and the burden on the taxpayers.

But this aspect is relatively unimportant. The goal of therapy is—or should be—not lower costs but better health. The prescribing of a drug should be based on the right drug for the right patient, at the right time and in the right amounts, with due consideration of costs. Too often, however, the wrong drug is ordered for the wrong patient, at the wrong times and in the wrong amounts, and with no consideration of costs. Too often, a drug—a safe drug, an effective drug, a magnificent drug—is prescribed when no drug at all is needed.

If such irrational prescribing resulted only in the waste of money—a patient’s money, a health plan’s money, or a taxpayer’s money—this would obviously be regrettable. But the penalty is far higher. The price tag for irrational prescribing may now be calculated in terms of tens of thousands of needless drug-caused deaths each year, a million or more hospital admissions for adverse drug reactions, tens of millions of hospital days.

Much of the blame must be placed on the multibillion-dollar-a-year prescription drug industry and its incredibly effective promotional...
campaigns. But reprehensible as some of its huckstering has been, the industry cannot be made the only whipping boy. Others—physicians and patients in particular—must share in the responsibility.

The act of writing a drug prescription is one of the most ancient and visible symbols of the physician’s knowledge and experience. It signifies the trust and confidence placed in him, not only by his patient but by society. How well each physician deserves this trust and confidence is now open to serious question. The majority of physicians appear to be largely unconcerned about the substantial involvement and continually growing influence of the industry in the training of medical students and the development of prescribing habits. Too many medical men are apparently unconcerned that their own professional organizations and medical journals may be linked to the industry with ties that, at the kindest, can be described only as undignified.

And finally, where irrational prescribing and drug use is concerned, it is the patient who may be not only victim but also culprit. Too often, he demands and even dictates the details of his own drug treatment or fails to follow directions and pays not only with needless expenses but sometimes with needless injury and possibly with death.

Since 1967, we and others have become increasingly aware of the nature, extent, and gravity of this complex and emotionally charged situation. In this book, we attempt to examine the roots of some of these issues, to describe and analyze the problems, and to diagnose a malady that affects physicians, patients, and the public alike. If our diagnosis is accurate, a new prescription for action is in order.

During the three years this book was in active preparation and the four years before when we first began to look backstage at the remarkable world of drugs, we have received invaluable help from scores of our friends and colleagues. They opened their files and their memories to us, provided a wealth of information—much of it hitherto unpublished—and gave us their constant advice, counsel, criticism, and support. For all this, we are deeply appreciative—even for the occasional advice we did not accept.

Not everyone who assisted us can be mentioned here. Our particular thanks, however, go to the following:

CHARLES C. EDWARDS, M.D., MARK NOVITCH, M.D., JOHN JENNINGS, M.D., HENRY SIMMONS, M.D., WILLIAM GOODRICH, and PETER HUTT of the Food and Drug Administration.
DONALD RUCKER, PH.D., VINCENT GARDNER, and DOROTHY RICE of the Social Security Administration.

ALLEN BRANDS, chief pharmacist of the Public Health Service.

ROBERT MARSTON, M.D., and LEON JACOBS, PH.D., of the National Institutes of Health.

ALICE HAYWOOD of the National Center for Health Statistics.

ROBERT MARONDE, M.D., of the Los Angeles County–University of Southern California Medical Center.

PAUL STOLLEY, M.D., of Johns Hopkins University.

EUGENE FARBER, M.D., and FRED ROSEWATER, M.D., of Stanford University.

LEIGHTON CLUFF, M.D., of the University of Florida.

JOSEPH MC EVILLA, PH.D., of the University of Pittsburgh.

JERE GUYAN, PH.D., ROBERT DAY, PHARM.D., HENRY LENNARD, PH.D., LEON EPSTEIN, M.D., MICHAEL PARKER, ANNE SALTONSTALL and our other co-workers at the University of California, San Francisco.


BURT DAVIS, M.D., and LEO BROWN of the American Medical Association.

JAMES HAGUE and the late MARK BERKE of the American Hospital Association.

ARMISTEAD LEE and his associates of the Pharmaceutical Manufacturers Association.

JOSEPH PISANI, M.D., and JAMES COPE of the Proprietary Association.

JEAN WESTON, M.D., of the National Pharmaceutical Council.

JOHN BURNS, M.D., and the late V. D. MATTIA, M.D., of Hoffmann-La Roche; JOSEPH SADUSK, M.D., of Parke-Davis; FREDERICK ROLL and ABRAHAM SLESSER, PH.D., of Smith Kline & French; THEODORE KLUMPP, M.D., and MAURICE TANTER, M.D., of Sterling-Winthrop; HAROLD UPJOHN, M.D.; and GEORGE SQUIBB.

MARC LAVENTURIER of Paid Prescriptions, Inc.

Attorneys PAUL RHEINCOLD of New York and JOHN WYNNE HERON of San Francisco.

PAUL DE HAEN of Paul de Haen, Inc.

FRED DANZIG of "Advertising Age."

The inclusion of their names does not necessarily indicate that any of these individuals approve or disapprove of our comments or our conclusions and recommendations.
In the same way, we express our deep gratitude to the Commonwealth Foundation and the Janss Foundation which provided financial support without seeking in any way to influence our statements.

Finally, thanks go to our respective families for their advice and assistance, and for putting up with us during these past years, and to Mia Lydecker, for whose unfailing help and cooperation we will long be grateful.

San Francisco,  
January 1974

MILTON SILVERMAN  
PHILIP R. LEE