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*Statement by the American Pharmaceutical Association Board of Trustees,  
January 8, 1974*

Several years ago, the American Pharmaceutical Association adopted a policy position which advocated appropriate amendment of state laws in order to restore the pharmacist to his rightful role as the health care practitioner primarily responsible for drug product selection. This action was based upon a number of factors including: (a) general recognition that today legal constraints in this area are not serving the purposes for which they were originally enacted, and indeed the original basis has long ceased to exist; (b) drug industry marketing, distribution, and pricing policies have been largely skewed to take advantage of and to exploit these state laws and regulations; and (c) a general recognition that the pharmacist, more than the physician or any other member of the health care team, is in the best position to judge drug product quality on the basis of his training, experience, and direct contact with the very products involved.

Society was ripe and ready for just such a proposal at the time when APhA introduced it. State and local government agencies, legislative bodies, and consumer groups were only a few of those outside the immediate health care complex that responded with interest and enthusiasm to the position espoused by APhA.

But, alas, most of the drug industry was not prepared to accept this change in what had come to be a very comfortable and generally lucrative system of drug distribution. Virtually all industry advertising and promotion practices had been built up about a marketing system which depended upon the prescriber as the dominant—if not the sole—determiner of both the drug substance to be prescribed, as well as the specific drug product (*i.e.*, manufacturer source) to be dispensed by the pharmacist.

As a consequence, a majority within the pharmaceutical industry made the decision to resist this movement; and vigorously resist it they have. In every forum and field—whether it was professional meetings, journals, conferences, legislative hearings, the public press, smoke-filled rooms, or the lobbies of congress—opposition from the drug industry has been persistent, consistent, and insistent.

And basically, just what is it that they have opposed so vehemently over these past several years? Simply stated, they have fought a transfer from the physician back to the pharmacist of the primary responsibility of comparing, choosing, and selecting a quality drug product at reasonable cost for the patient. What is involved is not an abrogation of responsibility, but a transfer of responsibility from one health professional to another—that is, to the health professional having the best qualifications and training to perform this particular function.

While busily fighting their battles, however, the drug industry is in danger of losing the war.

The public, consumers, and congress appear to have grown even more impatient and frustrated than has pharmacy with the obstructionist tactics that have impeded progress to a more effective, efficient, and economical system of drug distribution.

The Nixon Administration, as disclosed in HEW Secretary Weinberger's recent testimony before the Kennedy Senate Committee, has plans to restrict drug reimbursements under government-administered programs to the lowest cost medications generally available. In essence, the major political forces in both the executive and legislative branches of the federal government now are prepared to abolish all forms of drug product selection whether it be by physician, pharmacist, or government formulary (the latter constituting another frequently made proposal which the drug industry has repeatedly opposed).

Hence, by not accepting drug product selection by the pharmacist as a step forward in orderly and logical progress, the drug industry has spawned a proposal which is less than ideal to pharmacy, to medicine, and, in our opinion, even to the public. At this writing, the precise HEW proposal has not yet appeared in the *Federal Register*. Therefore, it is impossible to comment upon specific points, and, in fact, APhA itself may well find that certain provisions in the HEW proposal conflict with Association policy position, necessitating the filing of objections regarding any such aspects. However, while pharmacy may be unhappy with certain approaches in the HEW plan on professional grounds, it appears to us that from industry's economic viewpoint, this latest turn of events means that, despite the skirmishes they may have won, the industry's entire marketing system now teeters on the brink of total disintegration.

"On the brink" we say, because there still appears to be an opportunity for industry to reverse its position, to support constructive approaches to drug product selection, and to adopt positions which foster both quality and economy in the drug supply. But time is rapidly running out. The industry will need to respond as vigorously and quickly in this positive approach, as it has during the past few years in mobilizing its battle plan of opposition.