

## DATA SHEETS

**D**OCTORS usually obtain information about drugs from two main sources, the educational and the commercial, with *MIMS* and the *MIMS Annual Compendium* bridging a gap which is at times uncomfortably wide. We get a big injection of education at our medical school, when we are subjected to more pure pharmacology than we ever meet again. Our education then continues through general journals, postgraduate courses, textbooks, and specialised therapeutic publications such as *Prescribers' Journal*, *Drug and Therapeutics Bulletin* and the *Adverse Reaction Bulletin*. The commercial element varies; anyone can ignore the advertisements in the journals, while instructing his secretary to destroy all postal advertisements and turn away all representatives at the door. Other doctors read the advertisements, see the travellers, dine with them in expensive restaurants, and may feel that they are maintaining their postgraduate education.

The nihilistic group will by now have missed some interesting items they should certainly have kept. These are the data sheets, which contain factual information about products, the purposes for which they may be used, and any contra-indications or precautions advised. Some companies have issued these for many years, often gathered conveniently together in a card-index box or loose-leaf book, but since March 1973 it is legally necessary that any product promoted to a practitioner shall be either accompanied by a data sheet or have been preceded by one in the previous 15 months. Advertisements in journals are exempted, and until drug manufacturers have had time to prepare full data sheets, temporary ones may be issued.

The new regulations lay down not only the size of the data sheet (standard A5) and of the type on it, but also give a list of headings which must be used for every product; even if there is no appropriate information, the heading must still be used and 'nil' shown against it. This provision will allay the careful prescriber's fears that no news might be bad news. These headings cover identification, uses, dosage, administration, contra-indications, precautions and packaging information, and also allow one tenth of the surface area of the data sheet to be used for "further information", which must be "sufficient in itself without reference to bibliography to enable the practitioner to form a judgment about the use of the product". This is a welcome provision, and will obviate some present frustrations of references to obscure journals and conference proceedings. However, will even the most altruistic of manufacturers include here the kind of impartial and frequently damaging comment that is given in Martindale's *Extra Pharmacopoeia*?

We welcome the introduction of data sheets, and hope that the Association of the British Pharmaceutical Industry will soon issue the projected compendium containing them all.

Data sheets are intended to provide impartial factual information about drugs yet, once a year, or less, we shall get a data sheet and about once a week, or even more, we shall see a colourful eye-catching advertisement, with its brief and incomplete statement about the drug. In this unequal contest the data sheet may find it difficult to win.

More still needs to be done in improving the quality of information about drugs that is reaching prescribing doctors. Why should advertisements not contain more facts and warnings? After all even cigarette advertisements must now include a warning. Advertisements in American journals are obliged to show all the information that is on the data sheets. Is it too much to hope that the Medicines Commission will soon be equally firm?

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