tient from the acute complication of ketoacidosis if they are prone to that. We would never have used these oral agents in the ketoacidosis-prone patients anyway, but in any event if I were to err now, I would err on letting the blood sugar drift a little bit upward and not worry so much at keeping it at a certain particular level.

And therefore, our observed policy has been to curtail the use of these agents. I do not use them routinely. I take patients off when they are referred to us. We warn them about the possible hazards, and we transfer them to insulin therapy. We are more a tertiary center than a primary center. We are describing here in the study patients alluded to, our own patients from Rochester, Minn., from a population of about 50,000, so we do provide primary care for that population, but the majority of our patients that we see in the diabetes clinics, which number about 8,000 to 10,000 patients a year would be told exactly the same thing, that the oral agents may be deleterious to their health and that we would recommend, if diet alone does not control their diabetes, that they are placed on insulin therapy.

Most of our patients have been willing to accept this when we have shown them how to administer the insulin. There has been no particular problem.

It certainly would be nice to administer an agent orally and take care of the blood sugar, but unfortunately if the agent has been shown to cause an increased mortality from cardiovascular death, we would be reluctant to use this agent.

As I stated previously, I feel a physician should do no harm.

The CHAIRMAN. Do I understand you are saying that this position is a policy of the clinic?

Dr. PALUMBO. Well, as a member of the diabetes committee of the institution, it is our recommended policy. Obviously, I cannot speak for the 400 or 500 physicians we have on staff. There may be some who might be, but I think we have disseminated the information widely in conferences and through memoranda.

I believe the position is pretty clear that we have accepted the findings of the University Group Diabetes Program, that patients all must be informed about the hazards of these drugs and that only under unusual circumstances would they be prescribed.

There would be very few patients that would not see us in the diabetes clinic, so that it is impossible that a small group of patients might be treated with oral agents. I rather doubt that, since we maintain close contact with all of our colleagues and disseminate information through conferences and memoranda.

The CHAIRMAN. Does anyone on the panel wish to make an observation on any of the points that have been raised thus far in the testimony or on any questions that have been asked.

Dr. RICKETTS. Yes, Senator Nelson, just a rather small point.

It is well known that a great many people, and this is particularly women, are overweight. I mean to say diabetic people. We struggle and preach and do all we can to get them to lose weight, and finally, some of them do. It does not last awfully long but nevertheless they do. And of course if the obesity is controlled, the blood sugar goes down, and this is what we want. And thus it went for a long, long time until tolbutamide came in, and then what happened? Doctors began to give tolbutamide and tell them it is good for them, and