Dr. FELIG. I would be concerned about going to a mechanism of informed consent with respect to a particular drug, lest we have a situation in which we find ourselves having to get informed consent before any drug can be used.

My own feeling has been that the physician should document in the record of that patient, be it an outpatient record, his own office record or a hospital chart, that he has in fact discussed this matter with the patient, and the patient has been apprised of the problems, and the decision of the patient based on that. I would be concerned in terms of the overall practice of medicine, if we were to go to a situation where informed written consent were required for any particular drug that is available on the market. I think that the precedent exists for our having informed consent in a situation of experimental use. There are drugs which we administer which are potentially quite toxic, and I think that we might be faced with a situation where innumerable patients in a variety of circumstances would have to provide written consent for their treatment to be undertaken.

Mr. GORDON. Would this not be a protection both for the patient and the doctor? The doctor will have a written statement that he has already informed the patient.

Dr. FELIG. Yes, it could have a productive benefit. I would be concerned about it becoming a requirement for the practice of medicine, lest we find ourselves in a situation where we are so enmeshed with certain bureaucratic aspects of treatment that it would interfere. In other words, I am concerned with the widespread application of that type of situation. But I think it is incumbent upon the physician to make written note that this has been discussed with the patient as an added measure of being certain that such discussion has taken place.

Mr. GORDON. Would not this also be another way of cutting down on the use of these drugs?

Dr. FELIG. It would. But I think that one would run the risk—if we were to have such a situation of written informed consent as a requirement for a particular drug, I think we would run a severe risk of it interfering with treatment in other circumstances totally unrelated to the oral agents; where, for example, a potentially toxic antibiotic could be administered or is considered appropriate treatment for a particular infection. One might find a situation where treatment is interferred with because of the need to obtain informed consent.

Mr. GORDON. Any other comments?

Dr. LARNER. I feel the same way. I think that it would be very good from the point of view of minimizing the use of the drug, but it would be very difficult from the point of view of the generality of the situation if it were applied across the board. How would you decide which drugs to apply this to, and which ones not?

Mr. GORDON. Well, it could be used in certain drugs which are known to be toxic. For example, such drugs as chloramphenicol, which is also vastly overused, or clindamycin, or lincomycin, which are vastly overused. The fact that you apply them to a few drugs or some drugs does not mean necessarily that it is going to be applied to every drug.