Dr. LARNER. This would, I think, present a difficult choice situation. I mean, what would you do with—all drugs are potentially toxic, and what would you do in the case of digitalis where——

Mr. GORDON. But the benefits may outweigh the risks. It may be toxic, but the numerator representing the benefits is such that for the purposes claimed, digitalis has a favorable ratio. Now, for these drugs, I do not know. Clindamycin, as you know, is on the line. These drugs are vastly overused. Some drugs may not be vastly overused. I do not know.

Dr. Sims?

Dr. SIMS. I think it would be more consistent with the whole idea of peer review, which is prominent today, to have a physician simply justify in the record use of the particular agent under the circumstances. I am reminded of an informed consent form that appeared in Science, years ago, by Greenberg, I think it was, for a hernia operation. He listed all of the possible, horrible things that could happen, and indicated it would have to be signed by the patient's lawyer and mother-in-law as well. I believe that if informed consent was required for everything, we would end up in a difficult situation.

Mr. GORDON. Dr. Felig, would you proceed?

Dr. FELIG. There has been much discussion in the lay press and medical journals of the need to maintain the physician's freedom of choice in the treatment of his or her patients. I believe that our overriding concern as physicians is to do no harm. As experts in the field of diabetes, our primary obligation should be to improve the lot of our patients by influencing current treatment practices rather than perpetuating a situation which is at the least wasteful and at worst causing an unnecessary shortening of lifespan in adult-onset diabetics.

Mr. GORDON. Thank you very much.

Dr. Larner, would you proceed with your statement?

STATEMENT OF JOSEPH LARNER, M.D., PH. D., PROFESSOR AND CHAIRMAN, DEPARTMENT OF PHARMACOLOGY, AND DIRECTOR OF THE DIABETES AND ENDOCRINOLOGY CENTER, UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE

Dr. LARNER. I am responding to five points which Senator Nelson wrote in his letter of June 19, as follows: Point number one, the proper labeling of the oral hypoglycemic drugs in the light of the studies recently conducted with these drugs.

Having reviewed the literature, I have come to the following conclusion which is quoted from chapter 71, written by myself and R. C. Haynes, Jr., of a standard textbook in pharmacology, Goodman and Gilman's textbook, fifth edition, to appear in September 1975.

The sulfonylureas should be used only in subjects with diabetes of the maturity-onset type who cannot be treated with diet alone or who are unwilling or unable to take insulin if weight reduction and dietary control fail. The physician must realize that he is using these agents only to control symptoms associated with hyperglycemia and that dietary control with or without insulin is more effective for this purpose.