no longer can be considered efficacious. So, I think it is appropriate for the FDA to list the options. Also, regardless of any warning that is issued, the physician is in the ultimate position to say, "I am aware of your warning; it does not apply to my particular patient, because of such-and-such condition." He can write that on the record and will not be vulnerable for legal suit, if his reasoning is valid.

So that I think that the two fears are not grounded, and I think that furthermore, we all have the problem of educating patients and getting them to go along with this. I think we could regard an appropriate warning as a useful adjunct in our own education of the patient. I think that the package labeling should be written in a form and language that the patient is able to understand. We are entering an era where patients with chronic diseases are no longer satisfied to be passive sheep waiting on the word of the doctor. Rather, they are assuming more the role of a client of the physician working together with him toward the management of their lifelong problem.

Mr. GORDON. On behalf of the chairman, Senator Nelson, Senator Abourezk, and myself, I want to thank you very much for coming here and for your very informative contribution to our record.

Thank you very much, gentlemen.

The hearing is recessed, subject to the call of the Chair.

[Whereupon, at 11:50 a.m., the hearing was recessed, to reconvene subject to the call of the Chair.]