The key to success is motivation. Without it no drug, no diet, no acupuncture, nothing can succeed. It is the physician's job to present to the overweight patient the reasons why he must lose weight. He must get to know the patient, the patient's family, and the patient's problems. He must convince him of the necessity for losing weight and the logic of his arguments must be inescapable. Where emotional factors prevent success in a weight reduction program psychological counseling is in order. When such an emotional impediment to weight reduction exists, the last thing a physician should do is to prescribe a habit-forming drug.

I am convinced that drugs have no place in the treatment of obesity. I am convinced that the medical world can practice better medicine without the anti-obesity drugs. I am convinced that the overwhelming majority of physicians believe as I do. I am disheartened by the presence of that small number of physicians who capitalize on the habit-forming character of the "diet pill." They threaten the success of the amphetamine-free environment which my colleagues and I are attempting to build. Frankly, they are a public health menace.

I believe there is a method of controlling the injudicious distribution of amphetamines. The solution is straightforward and it has precedent. Last month a patient of mine with a painful cancer required methadone for relief of his agony. Other narcotics had proved ineffective or unusable because of his multiple allergies. The drug was provided through normal channels of distribution with the understanding that it was to be used as an analgesic, not for the treatment of drug addiction. It was pointed out that a special permit was necessary to use methadone for any purpose other than analgesia. This is a unique situation. Apparently, the FDA has been reluctant to involve itself in the doctor-patient relationship.