Senator HAYAKAWA. Mr. Chairman, I am called to Foreign Relations to fill out a quorum, but I do want to ask a question.

Senator NELSON. Go ahead.

Senator HAYAKAWA. When you say, Dr. Wolfe, that Darvon is less effective than aspirin, is it not true that, depending on the individual, for some people Darvon is more effective and for some people it is not, that people go from one to the other as a painkiller, because of the unique differences in each of us, as individual physiological systems?

Dr. WOLFE. Well, that is an interesting question.

Pain is a very difficult thing to measure, and in some studies, there are a number of studies showing that giving a sugar pill, just a placebo, because of the doctor-patient intervention, will and can have a substantial relief on pain in someone. Therefore, when one does studies on large numbers of people, this has to be taken into account, so that not only does one want to compare Darvon or propoxyphene with aspirin, but also with a placebo. Whereas in individual cases, there may be someone who says they get a better response, overall when one accounts for the placebo effect and other problems, by means of properly controlled studies where patients have been randomized, and where investigators do not know whether a placebo or the drug has been given out, these studies really fail to show that propoxyphene or Darvon is any better than aspirin, and in many of them they show it is not as good as aspirin.

Senator HAYAKAWA. But these studies covering a large number of people still do not face the question of the individual.

If I as an individual find that aspirin does not work for me for a particular kind of pain, recurrent pain, and I find that Darvon does, does it matter what research on it of a few thousand people displays?

Dr. WOLFE. Yes and no.

In one sense if aspirin does not work, and there are some people who have intolerance to aspirin, they have an ulcer, whatever, another alternative is acetaminophen.

If that does not work, another alternative is codeine.

All three of these, as I will discuss shortly, are considerably safer than Darvon, and whereas there may be someone such as yourself who cannot take aspirin, we are not able to locate a group of people at all who find that aspirin, or acetaminophen, or codeine do not work.

There are three choices, not just one, other than Darvon.

Senator HAYAKAWA. These questions bother me; that is, there are many, many painkillers besides the two mentioned

Dr. WOLFE. And they are all safer, that is the main point.

Senator HAYAKAWA. That is not the question.

If people continue to take however more than the recommended dose, thereby endangering our health, as you say, is this the fault of the manufacturer, or is it the fault of the individual for failing to observe the recommendation.

If the prescription says recommended dose, not more than one every 4 hours, and people continue to persist in taking two or three or four every 2 hours, whose problem is that, is it the Government's problem?

I am asking you, does the Government have to be the universal babysitter, or is the Government to let people who are capable to decide for themselves whether or not to follow a recommendation given on a scientific basis.