Senator NELSON. Thank you, Dr. Moertel.

You may present your statement. It will be printed in full in the record, and you may present it as you wish.

Dr. MOERTEL. As you can see from curriculum vitae, I am a cancer doctor. I have been devoted to the care of cancer patients for a lot of years. We do cure many cancer patients, and there has been substantive progress in clinical research, but with all this, we must still admit that most patients afflicted with cancer will die of their disease. For these patients our primary concern must be they die in dignity and in comfort.

The single most overriding responsibility we have as physicians is the relief of the pain.

Unfortunately, in this vital area, we, as physicians frequently perform rather poorly.

Our medical schools' instruction in the practical use of drugs is often inadequate.

In our judgment in prescribing drugs for pain, it is quite comparable to the public's judgment in purchasing over-the-counter drugs for pain.

Both are largely governed by advertising. We, as doctors, are no less vulnerable than the public-at-large to the persuasive influence of Madison Avenue.

For vivid evidence of our confusion in this regard, you only have to look at the Physicians Desk Reference. For those of you not familiar with this, the manual is distributed free of charge to all physicians each year by the Pharmaceutical Manufacturers Association, and it lists all prescription drugs promoted by pharmaceutical companies.

In the 1978 edition, there were 149 drugs advertised to be given by mouth for relief of pain.

More than a decade ago, because we were disturbed by our ineptitude in the management of pain of the cancer patient, we initiated at the Mayo Clinic carefully controlled research studies to evaluate the relative effectiveness of the many medications for pain that were available to us.

Senator NELSON. Doctor, before you move to your next point, back to the 149 drugs advertised in the Physicians Desk Reference: Do you mean there are 149 that were identified as analgesics of one kind or another, each by a different name?

Dr. MOERTEL. Many were by different names, many were different combinations of comparable ingredients.

Senator NELSON. But they had a different name?

Dr. MOERTEL. They had different brand names. There were some with different consistency, and many times they were quite comparable in consistency.

Senator NELSON. Of the 149, how many represented different compounds?

I realize you have Darvon compound, which may be propoxyphene, and then you have aspirin and codeine, and you have all of these, but how many different pain relieving combinations were there in these 149 named analgesics?

Dr. MOERTEL. Yes; well, of course, there are so many combinations of individual drugs, but as far as individual drugs, I would estimate