

aspirin or two acetaminophens. They are going to go to some other combination or product which is only available by prescription, because that is one of the reasons they are using propoxyphene now, so they will go to another prescription analgesic.

This brings up the issue of what other ones there are and what are the dangers of these materials.

Senator NELSON. Are you suggesting if you made all of these prescription drugs, which would increase the price, that that might be better?

Dr. BEAVER. Well, people need to have the ability to go to the drug-store and get something effective for pain relief for situations that they do not consider important enough to go to a physician.

I have said many times that if there were a green aspirin that nobody knew was an aspirin except the doctors, and you could prescribe it and it came in long green tablets or capsules or blue and green capsules and so on, this would be a very useful medication from the standpoint of the physician because it would allow the tangible therapeutic symbol of writing the prescription for the patient. The patient comes into the doctor with a self-limiting illness. The doctor does a history and physical and comes to the conclusion that if he can prevent the patient from doing something foolish within the next few days the patient will get better.

Now, the patient has some pain so the physician wants to do something about this, and it may very well be that an appropriate thing to do is to say, "go home and take two aspirin every 4 hours and stay in bed or get lots of fluid or take two Tylenol," but the patient may feel, "look, I have spent \$25 and I have lost a half-day of my time and this boob tells me to go home and take two aspirin."

The doctor is sensitive to this possibility, so what happens is that the doctor wants to prescribe something that may be a little bit more effective than two aspirin and that can only be gotten by prescription so the patient will feel that he has been treated.

Well, the doctor writes a prescription for, say, a Darvon combination with aspirin, APC. or acetaminophen, or a small amount of codeine with aspirin or APC. These are slightly more effective than the aspirin and they fulfill this perceived need to give a prescription.

The reason I am bringing this out is that you are unlikely to change this aspect of medical practice, this need to give something by prescription, so if one were to ban propoxyphene, just flatly ban it, doctors would not just tell people to take over-the-counter drugs; they will use other combinations and other drugs available only by prescription.

Therefore, part of the implication of banning propoxyphene has to be a consideration of what are the risks of other kinds of preparations, prescription drugs that the patients might get instead.

Senator NELSON. That sounds as if you are really saying that if it were banned, many doctors for whatever reason would not engage in what would be the best medical practice in terms of treating a headache or something like that but, in fact, would look for something else.

You look at the studies and you know there is a rather frightening situation in the use of antibiotics, where you find for the common cold, 95 percent of the doctors give something, maybe aspirin,