I am a doctor of medicine certified by the American Board of Internal Medicine. Testimony has been and will be presented by experts familiar with the pharmacology and epidemiology of propoxyphene. I testify as a physician engaged in the full-time practice of internal medicine in the District of Columbia who daily sees and cares for patients.

My opinion of propoxyphene is that it is a mild analgesic with pharmacological properties similar to narcotics although it is much less potent. It has not been shown to be of greater efficacy than either aspirin or codeine in relief of pain.

We are a heavily medicated society taking prescription, proprietary, licit, illicit, begged, borrowed, and stolen drugs. Why? Is it because physicians prescribe drugs too readily or inappropriately? Perhaps, but there are other factors involved. Drugs may be prescribed for reasons unrelated to disease or efficacy.

Propoxyphene illustrates the problem of prescribing drugs. Some drugs develop a public following—they become "pharmacological celebrities," their glamor and mystique unrelated to their efficacy, safety, or cost. Propoxyphene is such a drug.

Today, physicians seem to have a few misconceptions about the efficacy of propoxyphene. But many physicians are uninformed about the toxicity and abuse of the drug.

Consequently, unaware of its dangers, physicians too often prescribe it in an effort to provide comfort and relief or in response to a patient's expectations or request. These hearings will help inform physicians and patients about the toxicity and abuse of propoxyphene. Classification of propoxyphene under schedule II would further alert physicians and patients to its dangers and reduce its use.

Pain is perhaps the most frequent reason why patients come to see a physician. But pain is a symptom, not a diagnosis. Ideally, proper treatment of a patient depends on the correct diagnosis. But patients are not always interested in or appreciative of the thought, time, testing and expense entailed in establishing a diagnosis. Patients want relief as soon as possible. They often specify what medication they believe is necessary. Their belief being based on prior experience, hearsay, recommendations of relatives or friends, and articles in newspapers or magazines.

Physicians, like public servants, are influenced by their "constituents"—in this case, their patients. The public may be surprised, but many physicians want to act not only in the best interests of their patients, but to please them as well.

On occasion, sound clinical practice and good medical judgment may not satisfy patients seeking a specific treatment or drug. I and many other physicians have experienced such instances of dissatisfaction in response to sound medical recommendations, particularly when a drug is not prescribed.

I would disagree with Dr. Beaver's point that this means you need to go ahead and prescribe a drug. I have had experience both in a prepaid and in fee-for-service practice. Certainly, one of the things you are aware of is that patient satisfaction is important, but I still feel that physicians do not need to prescribe drugs on that basis. I do not prescribe drugs on that basis. I know patients may be disappointed and