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.

Additionally, consider the fact that efficacy is elusive and subtle especially when we attempt to distinguish between biologic and non-biologic or placebo effects. Often patients conclude, ipso facto, that because they felt better the drug was effective. This operant conditioning is a powerful factor and it is difficult to dissuade a patient of such persuasion or belief. A physician in the midst of a busy day and unaware of the dangers of propoxyphene may find it easier to prescribe the drug rather than explain that aspirin is more effective and much safer. This is deplorable, but it happens.

For many patients, a prescription for a drug like propoxyphene seems tangible proof that their illness was seriously considered and their visit to the physician worthwhile. A prescription for aspirin has no such connotations and even suggests the opposite. Despite much merit in the recommendation, the jokes and cartoons are about the physician saying, "take two aspirin and call me in the morning". There are no similar jokes about Darvon. Drugs like propoxyphene give pseudo-legitimacy to the complaint or illness for the patient, his family, friends and co-workers in a way that aspirin does not.

Also, patients seem happier paying the doctor when a prescription is written rather than paying for a visit after being told to take two aspirin or to follow a regimen of heat, rest and exercise.

Thus, drugs are prescribed for many reasons not all of them valid. Clearly, the physician has the final responsibility in recommending how to proceed and what drugs, if any, are to be prescribed based on valid medical medications and knowledge of efficacy and safety. But unfortunately, this is not always what occurs.

It is possible to practice good medicine without prescribing propoxyphene and the indications for its use are very limited. I would in no way feel constrained in my practice of medicine by having propoxyphene available only on an investigational basis or by having it scheduled as a Class II narcotic. Unfortunately, despite efforts by this Committee and others to inform physicians and the public about the lack of superiority, the toxicity and the potential for abuse of propoxyphene, it probably will remain a widely prescribed and used drug unless it is rescheduled as a Class II narcotic. I strongly urge that this be done.

Thank you for this opportunity to present my views as a practicing physician before this Committee. I would be glad to answer any questions.

CURRICULUM VITAE

Michael Arthur Newman, M.D., Practice of Internal Medicine, 916 19th St., N.W. Suite 300, Washington, D.C. 20006.

Married: Marian Gitlin.

Children: Sarah.

Birth: September 30, 1941—Los Angeles, California.

Social Security: 561–50–5641.

Education: 1959—Diploma, Los Angeles, High School; 1963—Bachelor of Arts, Stanford University; 1964—Training Course in Marine Biology, University of Singapore; 1969—Doctor of Medicine, University of Rochester School of Medi-