There is nothing intrinsically or inherently wrong with that. That is how our system works and we see in 1962 or 1963 collectively through the Congress of the United States who decided that it was, in fact, time for a change in the system and so the Kefauver-Harris laws were amended to the Food and Drug Act and we learn through misadventure and learn through our mistakes.

The point I am really trying to make is that there is this area in medical practice that requires some kind of response; that even though a physician can educate the patient to the fact that I am doing what is best for you, that even though you are disgruntled there is no document in your hand and I want you to go home and take two aspirin, put the ice pack on, give the injury a rest and it has greater merit.

In our cultural milieu we are so drug oriented that patient expectations become a very important factor in the pharmacy, in the medical office, in the radiology where the X-rays are taken because patients are more and more informed and ask more and more questions.

Now, I leave it to the clinical pharmacologist and the academic world to determine the exact degree of efficacy of propoxyphene but let me point out some of the economics of propoxyphene, that even though rescheduling it as a schedule IV product might have at corporate headquarters a discernible impact on sales.

Senator NELSON. You said even if you reschedule it.

Mr. BOYNOFF. I beg your pardon, even if it is taken out of the area of an unscheduled drug and put in schedule IV I have not in my practice seen any diminution of its use.

Part of that reason is I would find it very difficult to determine whether or not less propoxyphene were used because it has been so lit'le. I have the great good fortune of being in a geographically isolated community. I have close and daily contact with the 12 physicians, the two nurse practitioners and the two dentists and we share educational conferences at our local hospital and there is good rapport and good continuing day-to-day contact.

None of the prescribers feel diminished, offended, attacked if a pharmacist calls and says these two really should be given together or this drug should not be given every 4 hours. Its biological half-life recommends that it should only be given every 6 or 8 hours and I get thanked for this, that we all share a common concern for helping meet the needs of other people who have come in for help, so I could not see a diminution in the use of propoxyphene because the practitioners in my community sense very strongly and regard it as a kind of placebo that is indicated in those cases where they do not want to use opiates or do not want to send the patient out saying take two aspirin and call me in the morning. And because of the close geographic isolation the people who are chronic drug users are easily identified and with the kind of patient records I maintain for every patient for whom I dispense medication, by pulling a 5 by 8 card out of the drawer I can immediately scan that particular patient's drug profile, the frequency of use and if, for example, as was stated earlier a patient is doubling up on the dose, I pick up on that before the physician; frequently the physician who is authorizing the legal five number of refills and even under California law even though refills have been authorized, the pharmacy may not supply them except at chronological intervals