THE UNIVERSITY OF KANSAS MEDICAL CENTER,
COLLEGE OF HEALTH SCIENCES AND HOSPITAL,
Kansas City, Kans., January 26, 1979.

Senator GAYLORD NELSON,
Senate Small Business Committee, Russell Senate Office Building,
Washington, D.C.

DEAR SENATOR NELSON: Since I was unable to arrange for Committee time in order to present testimony concerning the future of propoxyphene, I would like to avail myself of the opportunity to submit written comments for consideration by the Committee and inclusion in the record of Committee proceedings.

Past experience with federal hearings concerned with health matters has given me the impression that all too often the viewpoint of one interested group is missing—that of practicing physicians who are directly responsible to and for the patient. This perspective might provide information to the Committee which is not available from pharmaceutical company officers, research investigators or physicians who, because of lack of "real life" practice experience, must generate attitudes on the basis of something less. I suspect that considerable pressures are exerted upon committees such as yours by a wide variety of individuals whose knowledge and experience is purely theoretical rather than being based on practical experience.

The background for my comments includes 26 years of practice of family medicine in rural Colorado. This practice included almost the total spectrum of human health problems, ranging from being responsible for major surgery and obstetrics to caring for the multiple aches and discomforts associated with daily life.

The problem of relieving pain—acute or chronic—arose daily, and over the years I have used many agents for this purpose. My choice of agent depended on the response of my patients rather than the advertised claims of the manufacturer. Many different compounds were used and some were discarded as being ineffective or likely to produce side effects. Before writing any analgesic prescriptions, factors such as probable severity of pain, patient drug idiosyncracy or allergy, other medications being taken, alcohol intake, psychic stability (especially depressive conditions or addictive history) and probable duration of discomfort were all considered. This resulted in my need for a variety of analgesics so that each prescription could be tailored to meet the needs of the individual patients.

My personal "analgesic armentarium" which worked quite effectively for me in something over a half million patient contacts is as follows:

Comparative strength	Agent	Watch for
Weakest analgesic	Aspirin	Allergy, GI upset.
	Tylenol	Teenage suicide agent.
Strongest analgesic	Propoxyphene compounds	Alcoholism, concurrent tranquilizers.
Stronger yet	Codeine (½–1 gr) compounds	10 percent nausea plus vomiting, constipation
Strongest	Meperidine (in patient)	Frequent nausea plus vomiting.
	Morphine (in patient)	Do.

Each agent is valuable under certain conditions, and no one of them is satisfactory in all cases. Propoxyphene compounds fill a definite analgesic niche which OTC agents are too weak to fill. They are effective and have a low incidence of unpleasant side effects. Unavailability of propoxyphene compounds would probably result in increased use of the more potent and addictive narcotic drugs, since the OTC agents lack sufficient pain relieving qualities to serve as a substitute. Since many patients with chronic illnesses (rheumatoid arthritis, chronic back pain, etc.) require propoxyphene compounds on a long-term basis, reasonably simple prescription access should exist. I believe that this presents minimal hazard in properly selected patients, since I have never seen a major threat to life or health of a patient in this category due to accidental or purposeful overdose. Propoxyphene compounds are not a panacea for all patients or all pains; they do, however, provide a prescriber with effective alternatives and the ability to match the potency of the medication to the pain.

My other area of concern is the ever increasing intrusion of the government into the practice of medicine with the resultant detrimental effect upon the