Dr. WILLIAMS. Yes, and in many instances it is superior.

Senator NELSON. To Librium?

Dr. WILLIAMS. Yes.

Senator NELSON. Dr. Williams, your indictment here of the medical profession's educational training program concerns me a bit. If I read your statement after listening carefully here, I gain the impression that the inadequacies of the present format of medical education which is being followed is obviously inadequate, and puts the patient in a rather precarious position because of the lack of knowledge of the prescription of drugs.

Is this a question that is being studied by your profession? What do I, as a patient, have as a guarantee that I am going to get the proper drug prescribed, if what you say here is true of the average doctor that he has so little understanding?

Dr. WILLIAMS. You have no guarantee.

Senator NELSON. I am at the mercy of my physician?

Dr. WILLIAMS. Yes, in the end this is, I think, as it should be, because in the end, when properly enforced——

Senator HATFIELD. I don't like to be at the mercy of anyone who is ignorant.

Dr. WILLIAMS. All right.

Senator HATFIELD. What are we doing here in the medical field? As a former educator, I must say I have great concern here and a great interest as a member of this committee. Are our medical education programs so totally inadequate or so unaware of their inadequacies that we are not doing something to correct this terrible situation that you portray here?

Dr. WILLIAMS. Ninety percent is the figure frequently given, it is certainly close to the exact figure; 90 percent of the drugs that are prescribed today were not even on the market 10 years ago. The average physician got out of medical school some time longer than 15 years ago. Unless he is unusual, and many of them are unusual, his source of information about drugs is the detail man or advertising literature in his own journal.

Now, even if he reads the journals carefully, objective comparative information on drugs is not available to him, and I will develop why this is so later.

So the physician is in a difficult position. As I will state in a minute, I am unable to keep up with drugs, and this is all I have to do. I don't have to see patients or do anything except be familiar with drugs.

Senator HATFIELD. What is the relationship, though, to the present medical student between pharmaceutical information and understanding and his medical curriculum in general?

Dr. WILLIAMS. The present medical student gets pharmacology. At Emory University he spends as much time on it as he does in physiology and almost as much time as he does in anatomy. He gets this in his sophomore year.

In addition, we have a large clinical pharmacology group, who work with the students in the junior and senior years at Grady Hospital.

Then he graduates. Depending on where he goes, if he is an intern at Grady Hospital, he would still be getting information from the clinical pharmacology people. If he is not, this about ends his formal training in drugs.