Senator HATFIELD. That is for general practitioners?

Dr. WILLIAMS. This is for a general practitioner.

Senator HATFIELD. What about internists?

Dr. WILLIAMS. Internists in general do not have formal critical training on the use of drugs. As has been said elsewhere, they are trained in the diagnosis of disease, but the use of drugs in the treatment of disease frequently is by custom and habit and precept, and actual critical discussions of the comparative value of drugs is frequently not available to the physician.

Senator HATFIELD. Isn't there commensurable time between diagnosis and therapy or prescription?

Dr. WILLIAMS. I hope so; but in terms of choosing which drug out of a large group of drugs, maybe hundreds of forms of drugs, which may be available to him that would be superior in the treatment of this particular disease, he not only does not have the information, as I will show you, I think, he has no source for the information.

Senator HATFIELD. Then what is the alternative for the physician today whom you criticize for relying on the drug salesman for his information and upon that information making his prescription of drugs to his patients? What is the substitute for that procedure that seems to be, according to your statement, the only course open today to the average practicing physician?

Dr. WILLIAMS. I think I will answer this when I make some recommendations later. The reason I feel it is the only alternative is that, as I have indicated, I think a drug company should have the right to invent, patent, and sell its product.

I think they should have a right, if they don't tell lies to the physician, or in their advertising or through their detailing procedures, I think they should have a right to push their drug. I think these rights are important.

If this is so, then there has to be some source of critical information not put out by the drug companies available to the physician.

Senator HATFIELD. Dr. Williams, it seems to me that this hearing might then be expanded to not include only the drug houses and the manufacturers and the users in terms of your hospitals and other such groups, but perhaps the medical society or the medical profession, and more particularly the deans of medical educational programs, because it seems to me that, without expanding the scope of this hearing, we cannot in this committee get to the real heart of the matter of protecting the American public. I think we ought to protect them more than just against overpricing of drugs. We should be concerned basically about their health and well-being, and if there is this loose practice that is being carried on today in the prescription of drugs, with as little information on the part of the physician as you indicate, it seems to me that this should be even paramount, to take the priority of this committee's attention over just the matter of economics, because I think health and well-being is far more important than mere economics.

Dr. WILLIAMS. I think the committee must have its plans, and I would hate to agree to a red herring, but I would have to agree with you that this is in the end the thing I am most interested in.

Senator HATFIELD. Good.