

Dr. WILLIAMS. No. You are completely right that we need to really look into the problem of education, in the nature and the use of drugs for the physician today.

Look what has happened. In 1900 the most important subject in medicine was anatomy. It occupied an enormous time.

Today anatomy is less important, and other things like physiology and pharmacology are more important.

But today Grady Hospital patients go out of the hospital with four, five, six, and for certain diseases even seven drugs. Even in the practice of medicine at Grady Hospital, where the medical school theoretically has control of the quality of medicine, there is frequent use of drugs or sometime use of drugs which should not be used in combination, and so on and so on, so that even where they are this close to their original medical training, it is a problem, and as they move out into medicine, the problem becomes greater because primarily there is no objective source of critical comparative information in which the doctor can place any faith yet, except the Medical Letter.

Senator HATFIELD. Is there any hope of getting the AMA back onto this job of analyzing and evaluating that they were doing prior to the 1930's?

Dr. WILLIAMS. I don't know. I think that this statement should have to come from them. I doubt it. I think at the present time the situation is such that I don't know whether they could handle it. I would hope that the operation that could be set up would be one that would have the support of the American Medical Association.

Senator HATFIELD. But, again, Dr. Williams, isn't there a question here of professional standards? When you say that the average physician in many instances is uninformed, isn't this more than just a matter of excusable ignorance? Isn't this a question of professional standards?

He is holding himself out as one who is professionally qualified to assist a person in physical need, and if that person goes to him and is to rely upon his counsel, which includes a prescription of a drug, and you say he is prescribing this drug out of ignorance in many instances, and out of being uninformed, isn't that a question then of professional standards, of conduct, that the medical society and AMA should certainly be concerned about, and not just be uninvolved in?

Dr. WILLIAMS. I think it should be clear that where the physician is uninformed is whether drug X be better than drug Y or not. Now in terms of the drug he uses, the average physician is aware of the side effects. He is aware of the dangers. He will be using out of the thousands and thousands of drugs available regularly only a small group of these drugs, and he is informed in general in this area.

When it comes to knowing for this particular condition whether phenobarbital might be better than Librium or not, he not only does not know, he does not have the information available to him to tell whether it is better. I would not like the idea to get across that the physician is using drugs in ignorance. The physician is ignorant of the relative value of the drug compared with another drug, and he is ignorant of the price of the drug compared with the price of another drug.

Senator HATFIELD. But on page 4, where you said under No. 7, "The enormous pressure of advertising and detailing creates a market some-