

Dr. GARB. There are more than 7,000 different private product names on the market today.

Senator NELSON. How many different drugs are on the market today?

Dr. GARB. This will depend on how you define a different drug really. In other words, do you want to consider sodium penicillin to be different than potassium penicillin? Depending on how you define your terms, I would say around 900, something in that range.

Senator NELSON. We are talking about prescription drugs.

Dr. GARB. Yes, sir. The average physician probably uses not more than 50 different chemical entities. As I say, there are probably more than 7,000 different private product names on the market today, and there are somewhere between 500 and 600 changes per year.

These changes may be additions, subtractions, or alterations. A manufacturer can change the name of a mixture that he has already on the market, or he may keep the name and change the mixture if he chooses to, or of course, he may develop a new drug or he may drop an old drug.

Let's consider what's involved in trying to learn that many names, and their meaning. Since the words themselves are newly coined, they are the equivalent of a foreign language vocabulary. I consulted some of my colleagues in the language departments of the University of Missouri and asked how many new words a bright student was expected to learn per year. I was told that for French, Spanish, Russian, and German, the range was 1,000 to 1,200 new words in terms of recognition, but less, in terms of full understanding. Thus, I estimate that, conservatively, the time, energy, and study needed by a doctor to learn 7,000 private product names would be equivalent to that needed for a student to obtain an "A" grade in more than 5 years of college French, Spanish, German, or Russian. If a doctor did take the time to do this, he would then find at the end of the 5 years, that 2,500 to 3,000 of the drug names had been changed.

The fact is that doctors cannot possibly keep up with the flood of private product names, and this situation leads to poor medical practice. It is not that the doctors are ignorant, it is not that the doctors don't want to know what is going on. The situation is simply that doctors are human beings, not computers and they have certain limitations, and they can't possibly learn this. Therefore they must compromise. They learn a few names and they work with those few. Unfortunately, the names that they learn and work with are not always necessarily the best ones for the particular patient that they are treating, and the doctor just has no way of encompassing the total amount of information needed in order to handle this.

It is difficult enough to practice medicine with all its complexities, without having the names of drugs made so confusing that you can't keep up with the field. I was here for part of the testimony yesterday when Dr. Williams from Emory University said that he had difficulty keeping up with all the names, and I will say that I have at least as much difficulty. I can't keep up with these names, although this is my job. It is just not feasible.

Mr. GORDON. At present there are thousands of drug names. You mentioned 7,000. I have heard a figure of 14,000.

Dr. GARB. Which is much worse.