Mr. GORDON. If we had a system of generic names, how many would the average practicing physician need to know to practice good medicine?

Dr. GARB. Not more than 50.

Mr. GORDON. Not more than 50?

Dr. GARB. Not more than 50.

Senator NELSON. I take it it would vary.

Dr. GARB. It depends on his specialty.

Senator NELSON. On the specialty of the physician?

Dr. GARB. Yes, sir, it would depend on the specialty. Some physicians would get by with not more than 10 or 12, but somebody with a very busy practice might have to thoroughly understand about 50 generic names. There is a big difference between 50 and 7,000 or 14,000.

Mr. GORDON. What do you mean by poor medical practice when the doctors cannot keep up with private product names?

Dr. GARB. Well, I have mentioned two examples of these. One is prescribing two private product name drugs for the patient, not realizing that both of them contain the same active ingredient, or similar active ingredients, which will cause toxicity.

Another one is starting a patient on a drug, finding that the drug is either toxic or ineffective, and then switching him to another drug, not realizing it is the same thing.

A third example is giving a patient a drug which is not the best possible one for that patient, because the doctor simply has to focus on something, and he may learn to use one particular antibiotic, and not realize that for one patient's infection, another antibiotic would be better.

Just keeping up with the private product names of all the antibiotics on the market is too much, and therefore, the doctor uses what he knows, although it may not be the best one for a particular patient. I do not feel that this is the fault in any way of the doctor or the medical profession.

Doctors are having a very difficult time with the enormously complex problem of helping sick people, and this name situation is just making it harder.

Senator NELSON. With respect to your statement that you don't think it is in any way the fault of the practicing physician or the medical profession, I certainly don't see how the private practitioner could solve the problem, but doesn't the profession itself have more of a responsibility to do something about this than it has thus far assumed? Or has it assumed all the responsibility you think it should, in terms of clarifying this problem?

Now we have had several witnesses of great distinction in addition to yourself who have made exactly the same point, that there is no way for physicians to learn all these names; that as a consequence of this, there is bad medical practice occurring that shouldn't occur; that there is overmedication; that there is duplication of the same drug, unknowingly to the doctor; that the doctor prescribes a drug and there is an adverse reaction and then he prescribes another one, because he doesn't know it is the same composition, and you get a bad result.

Doesn't the medical profession have some responsibility to be vigorously pursuing the solution, and if it is, have you heard anything about it? I certainly have not.