Senator NELSON. Then if you cannot find out and have made a conscientious effort, can you tell us how a busy practicing physician can find out?

Dr. GARB. I do not know. Perhaps he can find out if he writes to the home office of the company and asks them, maybe they will tell him.

Senator HATFIELD. A trade secret?

Dr. GARB. I think it may be a trade secret in some cases actually, but I am not familiar enough with manufacturing processes to tell. All I know is that none of these package stuffers have ever told me what percentage of sugar is involved or what kind of sugar they use as the excipient to bind the active ingredients in the pill or anything else.

Senator NELSON. And whether it makes any difference?

Dr. GARB. I do not think it could make much difference, because after all, how much sugar can you get in a little pill?

I do not think it could make much difference, but I would not want to say definitely that it does not, since I cannot find out what it is in the first place.

Senator NELSON. The U.S. Pharmacopeia lists several hundred drugs, all of which have been on the market for their various physicians, pharmacists and pharmacologists to decide that it is a drug of therapeutic value. Then they establish in the Pharmacopeia standards for that drug to meet, whether it is a generic, one of a dozen trade names, and then they stand behind that as certain that there is not any difference, that the therapeutic clinical result is the same, that the differences are of such insignificance that you can use them all.

Dr. GARB. I see no reason to question the U.S. Pharmacopeia's statement on this at all. I would say that the burden of proof should rest on anybody who wishes to disagree with their statement.

Senator NELSON. Thank you.

Dr. GARB. I have also been told that with generic prescribing, the decision on which manufacturer's product to use is left to the pharmacist, and that the pharmacist may choose an inferior product. I cannot understand why a pharmacist should be considered less competent or less reliable than a physician in terms of choosing reputable manufacturers and good products. I had understood that pharmacists were the best trained persons in this field.

In this connection, I would like to quote an editorial by George P. Provost in the American Journal of Hospital Pharmacy, volume 24, March 1967, page 103. He says:

> To claim that pharmacists are not capable of selecting quality brands is to imply that physicians know more about pharmacy than do pharmacists and that pharmacists have gone to school 5 years for naught. Traditionally, pharmacists have compounded prescription medications and have dispensed generic prescriptions for codeine, phenobarbital, digitalis, and many other drug products. The inference that the ancient and honored profession of pharmacy now has so many unethical or incompetent practitioners that it cannot be relied upon is indeed disturbing.

And here is a copy of this editorial.