

- (1) Adverse effects of drugs are an important health problem.
- (2) Adverse effects of nonprescription drugs, as well as prescription drugs, are responsible for hospitalization and death of a significant number of patients.
- (3) It is unlikely that the large number of nonprescription drugs taken by patients, and prescription drugs administered by physicians are necessary or required.
- (4) The number of different drugs taken by, or given to, patients undoubtedly contributes to the total cost of drugs for the patient.
- (5) Reduction of the number of drugs taken by or prescribed for patients would undoubtedly reduce the frequency of adverse drug effects and also reduce total drug costs.
- (6) Continuous evaluation and study of drug usage and ill effects of drugs in sick persons treated by various physicians should provide increasing understanding and elucidate measures to reduce risk from drugs and prevent indiscriminate drug usage.
- (7) Development of procedures for public instruction about drugs, their proper and improper use, is necessary.
- (8) Development of better methods than now available for informing physicians about rational and irrational drug usage is required.
- (9) Continued reliance upon pharmaceutical manufacturers and their representatives as the only major source for public and physician instruction about drugs is unwise. Much information provided by manufacturers is quite useful, but profit motive and bias are not proper bases for guiding the public and medical profession about the use of drugs.

Obviously, there are certain kinds of individuals who when given drugs will have trouble with them, whereas other individuals given the same drugs will not. What the factors are that increase the susceptibility of one person to the ill effects of the drug and why another person is spared these ill effects I think at the present time is not completely understood, but we do have some information as to what these factors are.

Senator NELSON. I notice on item 3, page 2, that you state:

It is unlikely that the large number of nonprescription drugs taken by patients and prescription drugs administered by physicians are necessary or required.

How serious, in your judgment, is the problem of overprescribing or misprescribing of drugs?

Dr. CLUFF. I would say overprescribing is probably a greater problem, at least as I see it, in the hospital. I can't speak about outside of the hospital because I have not studied the problem out of the hospital and I don't know of anyone who has. But in the hospital I would say that the major problem is overprescribing rather than misprescribing. There are innumerable illustrations of this that I think one could cite. I would like if I may to cite some of my own personal opinions about it.

For example, it is common practice in hospitals for the physician to write an order for the patient to receive a sedative at night if the patient doesn't sleep.

Now I don't know if any of you have ever been in a hospital. I work in one. I have been in one as a patient. But commonly in the hospital lights are turned out at 10 o'clock or 9, and indeed it is expected that the