and information given, it is a relative simple matter for the physician practicing there to be informed.

Dr. CLUFF. Well, I would challenge that to a degree. I would agree that the larger the medical center and the more closely it is affiliated with a medical school, the more likely is there to be an effective formulary and educational system. On the other hand, I think that it is important to recognize that the majority of hospitals in this country are not major medical centers, and they are not associated with medical schools, and in these hospitals generally they are operated by very busy physicians in practice, and they are dependent upon themselves for controlling this problem, and for the most part I doubt if such institutions have done well.

Senator NELSON. I was only as a preface saying that in those hospitals where they do have a formulary, it is relatively easy.

Dr. CLUFF. Yes.

Senator NELSON. Compared to what the individual private practicing physician's situation is.

Dr. CLUFF. Yes.

Senator NELSON. What puzzles me is why, if it is possible for a New York City hospital or some large group health organization with 94,000 members, over 200 doctors, and a large formulary committee, if it is possible for them to establish a formulary, based upon their experience and the specialists they have, why isn't it possible to have a national formulary that names all the drugs, generic as well as trade name, attest as to their reliability, gives all of the side effects that are known about the drug, so that the physician, when he is prescribing, can open up an index to the book and see the generic name, all the various trade names, the side effects, and so forth? Why isn't it possible to do that?

Dr. CLUFF. Well, I might just make one or two comments about that, because I was involved in the development of a formulary at the Johns Hopkins Hospital.

In the development of this formulary we took it upon ourselves to review the formularies presently available or at that time presently available in other major medical centers. One of the important things is that the formulary we came up with specifically met the needs and requirements and interests of the physicians on our staff. In other words, they were the ones who decided what drugs were essential in their practice.

The formulary that we adopted was not necessarily similar to the one, for example, in a major New York hospital. I think in a sense that the physicians who are requesting the drugs should have the opportunity to participate in the drugs that they select to use, and indeed, if you establish a national formulary, you take away from the physician in these various hospitals where they are functioning, the opportunity to participate in the decisions.

Senator NELSON. Why would that take that away?

Dr. CLUFF. Well, because presumably if you are going to have a national formulary, you are going to have to have some body of people that can't represent all of the many thousands of hospitals in the country involved in the production of such a formulary.

I think you could end up with a very desirable and interesting formulary to use, but I do believe that it is desirable to provide the physician with some flexibility in the selection of the medication.