Senator NELSON. I am not suggesting that even the doctor would have to pay any attention to it. We have an abundance of testimony from very distinguished professors. Dr. Modell, Dr. Burack, and a whole series of pharmacologists simply saying really that the doctor doesn't have any basis, good basis for making judgment between drugs as to relative efficacy, that there are so many drugs that he really doesn't know. In effect, in his testimony he said—he didn't put it that way—that the doctors really don't know what they are doing with drugs.

All I am saying is give them a formulary and let them be guided by it if they wish to. Nobody suggests that a formulary be imposed on the doctors. What basis could a doctor have for making a judgment among 7,000 drugs?

We had pharmacologists here who spend fulltime in this field, and they say they can't keep up with the drugs. Obviously, the physician can't either, so, as you said earlier, what he is really doing is that he is relying on the detail man. The detail man is incompetent to make the decision. And if he does make it, he makes it in behalf of the company he represents. That is the name of the game.

It just seems scandalous to me that a private practicing physician really has no place to turn. You say that he can go to attend a conference. But you also say this is the same 10 percent. He really doesn't know what he is doing in a substantial number of cases.

He doesn't know all the trade names, so he may have a patient with a trade-name drug that has a side effect and the same patient goes to another physician and that doctor prescribes another drug that is the same. He has no way of knowing that it is the one the patient had a side effect with. The doctor is just in a jungle in this field I think. According to the distinguished witnesses we have had, a major percentage of physicians really don't know what they are doing.

Dr. CLUFF. I agree.

Senator NELSON. I say what is the answer. Do you agree with that?

Dr. CLUFF. I agree completely with what you have said. I think the real difficulty is, can you solve the problem that you have cited by just establishing a formulary, and that I am not convinced of.

Even at my hospital at the present time or even at Johns Hopkins where we established a formulary, I don't think that necessarily controlled or prevented the indiscriminate and unwise use of drugs.

Senator NELSON. At least it is a source of information for the physician, isn't it?

Dr. CLUFF. Well now, it depends on what you mean by a formulary. If you are talking, and perhaps this is a point where we need some definition, if you are talking about a formulary as being a text on pharmacology which in essence has a listing on all of the available drugs by generic name, let's say, and has a description of the pharmacological action and indeed has information about side effects, their chemistry, and so on; we have some superb books available at the present time to provide such information for physicians. The classic in the field is "Goodman and Gilman on Therapeutics," so in essence such texts are available.

My only question is, just providing the book won't necessarily make the physician read it, and thereby won't necessarily improve the wise use of drugs.