

the pharmaceutical manufacturers' detail representative for the principal education of the physician about drugs.

Senator NELSON. You are addressing yourself to the basic question of the continuing education of the physician in the field of drugs.

Dr. CLUFF. Yes; because I happen to feel that that is the only ultimate, permanent, long-lasting resolution of the problem we are talking about.

Senator NELSON. I would certainly defer to your judgment on that. It is correct, and perfectly logical, that that is probably something that is a responsibility in one way or another of the profession itself.

Dr. CLUFF. I agree.

Senator NELSON. It seems to me from everything that I have listened to over a period of time, that this is a problem of such size that it is necessary for FDA or somebody in a central place with the authority to test drugs, clinically, and chemically, and the resources to gather all such information together and then to put together a compendium with the advice of the appropriate authorities.

Dr. CLUFF. I think it ought to be more than advice, Senator Nelson, because in essence the Food and Drug Administration, does not now have, nor do I visualize it will ever have the necessary highly trained, qualified experts, to prepare such a compendium independent of active cooperation and collaboration by the medical profession at large.

Senator NELSON. I meant that.

Dr. CLUFF. Yes.

Senator NELSON. I meant it would have to go in the same way that the pharmacopeia——

Dr. CLUFF. Yes.

Senator NELSON. They would have to go to all the resources there are, private and public, in the country for assistance in drafting such a compendium and keeping it up to date.

Dr. CLUFF. Yes, this is the only way the medical profession will accept such a compendium as a legitimate guide, is if they were active participants in its structure.

Senator NELSON. They would have to be. That is where the source of the information, in fact, is.

Dr. CLUFF. Yes.

Mr. GORDON. Is there any information to indicate whether brand-name drugs are more likely or less likely to cause bad reactions than under the generic name?

Dr. CLUFF. I have no evidence to indicate that that is the case.

Mr. GORDON. Would it be possible to project on a national basis how many people are needlessly injured or killed as the result of poor drug therapy?

Dr. CLUFF. Well, you probably know these figures better than I do, Mr. Gordon, but if one just extrapolates the figure, of 5 percent of the patients being admitted to medical service in a hospital for adverse effects of drugs, and generally the medical service of the hospital will represent anywhere between one-third and one-half of all patients in the hospital, then extrapolation nationwide in terms of the total numbers of patients in hospitals in the country, I think these figures would stand up. Essentially comparable data has been obtained in three different institutions. I think one can get a rough estimation as to the total magnitude of the problem of the ill effects of drugs requiring hospitalization in the country at the present time.