Senator NELSON. What resources do you use in addition to your own physicians, for determining side effects?

Dr. MCCARRON. Well, we have a system for this. First, as I mentioned, we have an adverse drug reporting program for adverse side effects that we have observed ourselves.

We keep a file on every drug that is in the formulary, and many of them that aren't. We subscribe to the Medical Letter, Clinalert, and there are many publications like these besides the medical journals that give us information on drug effects.

We get information from the manufacturers. We get as many reprints as we can find, and then we subscribe to certain journals. One of my jobs is to go through all these journals and look for all the drug material.

This is then filed in the drug file, and we do this for all formulary drugs and for a drug that we think may be coming up for deliberation. We assemble these things. Whenever something is being written up in medical literature pertaining to drugs we make sure that we accumulate this information.

Then, when it comes time to evaluate the drug for the therapeutic committee we have the necessary information. All of the members of the committee have similar systems, and we spend a lot of our time going through the medical literature, and this formulary page is the compilation of that information.

This is not all of the things, by any means, but these are the significant things that we quote in the formulary write up.

Senator NELSON. As I remember the early part of your statement, there were some 2,700 attending physicians, privately practicing physicians?

Dr. MCCARRON. 2,400 physicians who are in private practice, and you see, we do this work for them. They don't have enough time to go through the medical literature, but we do, and we abstract it for them, and we give them either the formulary sheet or the drug bulletin, and they accept this as an authoritative guide to their drug usage.

Senator NELSON. Are the private physicians who are not on the permanent and full-time staff of the hospital required to prescribe from the formulary for their patients who are in the hospital?

Dr. MCCARRON. The attending physicians do not have patients in the hospital. The system in our hospital is that the patients are assigned to a resident supervised by a full-time staff member, who is a member of the faculty of the medical school. The attending physicians come in to help with the therapy, and they suggest things, but we all use the same formulary.

Senator NELSON. I don't understand the function of the 2,400 attending physicians.

Dr. MCCARRON. They come into supervise the care of the patients on the ward.

Senator NELSON. Are they their patients?

Dr. MCCARRON. No; they are not their patients.

Senator NELSON. The hospital hires them?

Dr. MCCARRON. No; they come voluntarily. An attending man in practice comes to the hospital to help in the teaching of the residents and interns. All of these attending physicians are on the clinical faculty of the medical school. They come in. They operate on the patients. They do tests. They do whatever has to be done, in an advisory capacity.