

vertising as now carried on. How long do you estimate it would be before the preponderance of physicians would be willing to accept and use such formulary procedure? Or how long would they continue using their present base for prescription?

Dr. CHERKASKY. Well, of course, you are asking me to make a guess. Senator, I would say to you that if we could attribute to a formulary user status and being a good doctor, it wouldn't take long at all for doctors to accept it. When we instituted the formulary, we cut across many of the drug ordering habits of several thousand doctors, 800 or more at Montefiore, and more than that at Einstein College, and after a bit of adjustment, we have had not more than 1 percent requests outside the formulary. If we could establish that the superior physician was the one who was dealing with drugs by using a formulary, I think you would find doctors flocking to its use.

Senator HATFIELD. Plus a new approach in the educational format.

Dr. CHERKASKY. Yes.

Senator HATFIELD. The educational programs.

Dr. CHERKASKY. I think you have got to do the whole thing.

Senator HATFIELD. What would be the response, do you think, to such a proposal by way of cooperation of the American Medical Association and other medical groups?

Dr. CHERKASKY. Well, the American Medical Association has not dealt with this particular problem as constructively as I think that they should. Whether this has to do with the huge advertising revenues is speculation. I have no facts on this.

Senator HATFIELD. That would just be restricted to the journal.

Dr. CHERKASKY. Yes. It would seem to me that the American Medical Association has exactly the same interest which I express here, and that is to have all the drugs we need, but no more than we need, to have the doctor receive every bit of information about the drugs and their dangers. Organized medicine, if it has any responsibility to the public, cannot be satisfied with the method of education of the physician by drug advertising and detail men, that would be inconceivable. Of course, I would note that the American Medical Association sometimes does carry on activities that are inconceivable.

Mr. GORDON. Dr. Cherkasky, when a doctor practices in a hospital that has a formulary, doesn't that formulary place a limitation on his prescribing habits?

Dr. CHERKASKY. Yes. Well, obviously there is. One of the interesting byproducts has been that because we have a formulary which covers so many beds, the drug companies are very anxious to get their drugs in that formulary, and it gives us another competitive tool to get better prices.

We get the drug that we need, but it becomes very important to the drug company, for they recognize that there are going to be followups on this. The doctors in training having used these drugs in this formulary will tend to move in that direction when they got out and practice.

Senator NELSON. No witness before the committee and no member of the committee has suggested a compulsory national formulary. So I don't want anybody to be misled into thinking that the adoption of a compulsory national formulary has been advocated. We have discussed a national compendium, and I would like at a later time to ask you something about that.