

company's product he wished to buy. There would then be an official compendium that was reliable and approved by the FDA which doctors all over the country could use. Do you think that this is a useful concept?

Dr. CHERKASKY. Absolutely. I think again, it is one of the essential things that we should have done before and that we ought to do now. It is sound in my view.

I then wind up my prepared statement with the notation that I talked with Senator Hatfield, that in medical schools we ought to examine how we are preparing the doctor to deal with the problems of drugs and that a lot of thought ought to be given to the body of information necessary and how we would get it into the medical curriculum.

I would like to sum up that the medical care expenditures as we know, are rising at an accelerated rate. The drug costs are a significant component in this rise. To moderate and control this trend, there must be maximum use of generic prescribing.

However, we must be absolutely secure about the potency and safety of every drug by any manufacturer. The model of the hospital formulary system must be expanded to include Government-financed programs, and techniques for expansion and improvement of continuing education for physicians must be developed and perfected.

Thank you, Senator.

Mr. GORDON. On page 16 of your statement you say:

Stories are told about doctors in even great teaching institutions who have been so bemused by the confusing array of drugs that, dissatisfied with the effect of one drug upon the patient's condition, they switched to what they thought was another drug—when in fact, they were prescribing the very same drug by some other fetching title.

Isn't this one of the consequences of the use of brand names?

Dr. CHERKASKY. This is. That couldn't possibly happen with generic names. This actually happened.

I won't identify the institution. One of the great institutions in the city of New York, before they developed a formulary, and the doctor, a very good doctor, very well trained, just got caught up by the multiplicity of different names, and he thought he was prescribing another drug because the names are, you know, so different and so attractive.

Mr. GORDON. So the use of trade names or brand names involves certain dangers?

Dr. CHERKASKY. It certainly does.

Senator NELSON. We have had testimony from other distinguished witnesses on this exact point, confirming what you say at this stage in your testimony.

Mr. GORDON. Does the use of hospital formularies have any effect on the prescribing habits of a physician in his private practice?

Dr. CHERKASKY. We believe that it does. We haven't studied this, and I think that this is one of the things that we ought to take a look at and we will try to do so. It clearly must affect doctors prescribing practices.

The doctors who are at Montefiore who spend a considerable part of their time there, who get to learn to use this particular formulary, you would have to expect that this will have a significant effect. They are not very likely to use different drugs outside the hospital.

What is more, many of their patients at one time or another go through the hospital, and for those same patients they are almost