Now, lawyers sometimes use big words when they could use a little word, so it is the same sort of a thing in many respects.

Senator NELSON. But they don't charge more for big words than for little words. The fact is that the patient's pocketbook is affected. I don't know if it is true of all drugs, but those that I have seen that are in fixed combinations cost more than its components would cost if purchased separately.

Dr. KUNIN. Yes.

Senator NELSON. And previous witnesses from schools of pharmacy and medical schools have said exactly the same thing. I think it is a rather sad commentary on the gullibility of the medical profession that they will prescribe drugs in fixed combination which pharmacological authorities say are not any better than separately administered drugs, but do cost the patients more.

Dr. KUNIN. Sure.

Senator NELSON. That is a matter of importance to the people of this country, and I think it is about time that the doctors woke up.

Dr. KUNIN. I agree with you.

Mr. GORDON. Isn't it also correct that when you use a fixed combination, you lack flexibility in varying the amounts to be used?

Dr. KUNIN. Oh, sure.

Mr. GORDON. There are certain disadvantages both to the patient and the doctor; isn't that correct?

Dr. KUNIN. Oh, sure. I list these disadvantages here. I am not trying to be a weasel here, Senator. What I am trying to do, though, is put this in the perspective of how the physician would look at it in the sense that if he has had a good experience with a particular preparation, and there are individuals who I might personally disagree with who would say, "I have had such good experience with the combination of penicillin and sulfur for earaches," that this becomes a part of the common teaching among certain groups of physicians.

Now, I might stand up and say that I think this is nonsense and that you could use one drug, but there is a large body of, we might say, folklore or medical practice that is accustomed to this way of doing things, and that one shouldn't, I don't believe, accuse the physician of directly trying to hurt the patient or his pocketbook, but trying to follow a practice which has been part of the American medical scene for a long time.

So I think one has to have a more dispassionate view, so to speak, of this, and to try to change this practice, but not in the punitive way, necessarily, by saying that physicians don't know what they are doing. They know what they are doing, but they are doing it in a different way.

It is, perhaps, not the best way, but it is an effective way in their type of practice.

Now, I agree with you in principle, but I don't think it is wise to make blanket statements that physicians are not doing or are not desiring to do what is best for their patients.

Senator NELSON. I don't think anybody has said that here, although several witnesses have said that they think that many of the doctors are not well informed about the drugs that they are using.

Dr. KUNIN. That is true.

Senator NELSON. And I think that this is probably the case.

Dr. KUNIN. That is right.