procedure utilized by various manufacturers hundreds or even thousands of miles away from him.

Obviously, such a physician or a pharmacist, must rely upon objective standards to evaluate the quality of the drugs he prescribes and dispenses. We have heard a great deal of propaganda about a manufacturer's reputation, and yet just about a month ago the witnesses from Squibb & Co. freely admitted before the subcommittee that their Brooklyn facilities had been in atrocious condition only a short time ago.

Would you comment on that, sir?

Mr. STETLER. Yes. What you say makes my point.

I am ready to agree with you that doctors are in no position to prescribe generically and take their chances with the product of any of these manufacturers, some who are not, or some who are poorly qualified to produce. So given the inability of anybody, including the Federal Government, to guarantee, certify, or approve the products that are on the market, the physician's best and the patient's best safeguard is in the doctor being free to prescribe the quality products that he knows to be quality products, to use as his source of products, manufacturers that have consistently done a good job for him with his patients, in his private practice. On your other point—I have not said, and I make the point again, that just because a company is a member of the PMA they are automatically perfect. Our companies make mistakes, and they will make some more. But given their capabilities and their attention to quality and their expertise in personnel, the chances of them making mistakes are much less, and they do a consistently better job, obviously, than a manufacturer that is not similarly qualified.

Mr. GORDON. He has a better chance, but he is not sure of that, either; right?

Mr. STETLER. I said nobody is sure. Nobody can every day produce a perfect product, even with all the expertise and capability. Mistakes happen.

Mr. GORDON. So much of your statement and testimony leaves me with the impression that you are attempting to say that if a physician prescribes a drug by its generic name he is not certain the patient will end up getting a good product—whereas if he prescribes by brand name, he will be sure.

Mr. STETLER. No; I have not said that. As a matter of fact, I have already read that paragraph and said very specifically—I think a doctor should be free to prescribe generically, generically with a manufacturer identified, or by brand—anything he decides is fine. But he probably has based it on a good professional decision.

Mr. GORDON. Well, I have here some information to show that many brand-name products have had changes in their formulas, while the official generic names mentioned have not been changed. And in looking at these changes we find that they represent changes not only in flavor, solvent, and excipient, but actually in the therapeutic or active ingredients. When a drug product has been changed to the extent that an active ingredient is either added or deleted from that preparation, this means the patient is getting a substantially different product from the case of the previous formulation.