aware of what the reported side effects are, what the possible dangers are. This brings us again to the question of considering and balancing the odds as to various possible outcomes. Many people would like to believe that the physician has a certain omnipotence, that everything is black and white; but it ends up that in making decisions he is always balancing odds.

Mr. GROSSMAN. Would the reporting system that has been talked about here this morning—would that tend to restrict the use of dangerous drugs to properly indicated conditions?

Dr. BEST. Would you repeat that question, please?

Mr. GROSSMAN. Well, Senator Nelson and Dr. Dameshek were talking about a reporting system. Do you think this would have a beneficial effect on limiting improper usage?

Dr. BEST. I am not sure how much effect the reporting system would have itself. It would produce—if a universal reporting system were involved—it would produce figures that would have a little more meaning than the ones that I have written about that are related to a voluntary reporting. In other words, we would have a better feeling for what the total number of cases are. I think that we still would not have the whole picture. I know that in a recent study in Philadelphia, for example, five of the medical-school-affiliated hospitals tried to set up their own reporting system to catch all of the adverse reactions occurring in all of these hospitals. People being people the way they are, when they went back to check and see how complete the reporting system was, even though the chief of each service told all of his residents and interns to report every case that came through, I think they reported somewhere in the neighbrohood of 5 percent; about 95 percent still did not get reported even though this was the rule of the particular hospital.

Mr. GROSSMAN. Can I ask you how would you grade our warning system, then, today, not just this particular drug, but generally? Is it the best thing we can come up with? Is there a way you would specifically recommend to improve our system?

Dr. BEST. You mean by warning system, putting the warnings on the package inserts, putting them on the advertising, et cetera?

Mr. GROSSMAN. I am talking about the way we are doing it now. In other words, is this adequate?

Dr. BEST. Well, I think that—my own personal opinion is—Dr. Dameshek did not want to commit himself on it, but my position on it is that—the vast majority of physicians rarely read a package insert but they do read some of the material that comes through the mail—and there is a flood of it that comes to every physician. They do read some of the ads in the journals, and so on. I think that very many of them turn to things such as the Physicians' Desk Reference for information. If all of these sources stress the important side effects, the physician should become aware of them.

What use they make of this information is another question, but I think the information will get to them through these avenues. If you speak about only giving this information in the package insert, however, I think it will be missed by many.

Mr. GROSSMAN. Thank you.