

something as important as syphilis, in terms of breaking the chain of transmission. We can eradicate this disease in this Nation very quickly, if we had good reporting.

Mr. GROSSMAN. Do you think it is because the individual doctor is afraid?

Dr. GODDARD. No. Well, there are all sorts of reasons.

One is that the demand for physician services has greatly increased. No question about it—most of the physicians are working 70 hours a week, and seeing, in the opinion of many experts, far too many patients—because of the demand for services. This is increased by the kinds of programs we are now engaged in. I do not visualize it getting better, because our supply of physicians is not increasing rapidly in this Nation.

The complexity of medical practice itself is increasing, so that the physician not only has to see more patients, but the kinds of things he has to do are more complicated. He has less and less time available for these kinds of activities which, frankly, he views as not being directly related to patient care, and therefore of a lower priority. And that is an understandable point of view. It is not perhaps commendable, but understandable.

And so I am not optimistic about this kind of reporting until we can institute the kinds of automated data systems. This will take 5 years at a minimum, and then and only then will we begin to get this kind of information—not just on this drug, but on many other drugs and many other conditions which would be valuable to us in our health efforts in this Nation.

Mr. GROSSMAN. Do I imply from your later testimony that you do not favor a drug review committee type of program, on a local level, where—

Dr. GODDARD. I think this would be absolutely wonderful. I have been preaching for a year and a half now to try to stimulate physicians and hospitals to have therapeutics committees in the hospitals which do more than consider the drugs to be included in the hospital formularies. Some hospitals do this. But they should begin to review the usage of drugs within the hospitals. Are they being properly used, what kinds of adverse reactions occur? Studies have been carried out by Cluff and others which show that a significant portion of hospital beds are being unnecessarily occupied by people who have adverse reactions to drugs, and that proper attention here, as has occurred in the field of review of surgery within the hospitals, could markedly reduce the bed occupancy, and thus in effect obviate the need for new construction in some instances.

So I am very much in favor of therapeutics committees which review the use of chloramphenicol and other drugs in the hospital.

Mr. GROSSMAN. It might be easier as a reporting system, too, if you had four or five doctors—they would be more likely to report the results, because the responsibility is more diffuse.

Dr. GODDARD. It would have many beneficial effects if such operations were to be instituted in each of the majority of the 8,000 hospitals throughout the United States.

I feel very strongly that this would be a desirable step forward. And I would hope that the committee would consider requesting the Joint Commission on Accreditation to appear and to give their views