

had some legislation that authorized the FDA and the appropriate authorities in the field of medicine to come to specific agreements on a drug like this, or two or three or whatever number it may be, and be equipped with the authority to be really tough—just really tough.

Dr. GODDARD. Senator, you cannot do that without interfering with the practice of medicine. I will lay it on the table in front of you and say it cannot be done unless you are willing to interfere with the practice of medicine. When you say exercise discretion, you are then saying you have to control discretion—the selection of the drug to be prescribed. You have got to limit it.

Senator NELSON. Is it, in your judgment, an interference with the legitimate practice of medicine in a good teaching hospital to say to the doctor, "You cannot prescribe chloramphenicol for your patient without having the approval of representatives of the therapeutics committee, or having the order countersigned by the chief hematologist?" Of course that is an interference. You are saying to that fellow, that doctor, that you cannot do it without consultation because this is so serious a matter that you have to have it countersigned. Is that an interference with the practice of medicine?

Dr. GODDARD. Sir, that is a decision of that teaching hospital—the staff in its staff meeting agreed to it. That was self-regulation. It is quite a different thing than a Federal agency imposing its will upon the practitioners of medicine in their own offices. This is what would have to be done to get at this problem the way you suggest.

Senator NELSON. If you followed what Dr. Dameshek and some of the other experts said, all you are saying is that you are taking a very serious risk unless the drug is administered in the hospital. The next step after that ought to be that the Accreditation Committee move along the lines you suggest, and say that a hospital must have a therapeutic committee to be accredited. And the next step would be to persuade the therapeutics committee to follow this procedure, the countersigning, using their hematologist. This would not interfere with the valid practice of medicine, would it?

Dr. GODDARD. By your own description it is interference with the practice of medicine, and it is by mine. I am not saying what you suggest is wrong. I am simply pointing out that if you have the FDA do it, it is a basic philosophical change in what a Federal regulatory agency does vis-a-vis the practitioners.

Senator NELSON. Well, supposing the FDA and the medical profession and the Committee on Hospital Accreditation got together and said, "We will work out an agreement on a drug like this one and set up some rules, and ask the committee and the profession to enforce it themselves." I am not asking the Federal Government to do it. You would not be here, and these experts would not have appeared if the medical profession were policing itself. This is a ridiculous place to have to take up a professional matter. But it gets so bad that somebody has to do something. And if they do not do it, somebody else has to do it for them. That is the way it seems to me.

You cannot read what is happening to the victims of chloramphenicol around the country without being upset about that.

Dr. GODDARD. I agree.

Mr. GROSSMAN. Doctor—can we imply from what you say that the