

We find that some patients may be receiving as many as a dozen different drugs simultaneously, prescribed either by one or several different physicians, and that often physicians may not be aware that their patients are receiving drugs prescribed by others.

We find no reason to believe that any or all of these types of irrational prescribing can be effectively prevented--or that rational prescribing can be effectively induced--merely by rules and regulations. Instead, we believe the objective of rational prescribing can be reached most effectively through improving medical education--particularly in the area of clinical pharmacology--at both the undergraduate and postgraduate levels, supplying practicing physicians with objective data on which they can base their individual prescribing decisions, and supporting those in hospitals, clinics, medical societies and health insurance programs who are seeking to achieve rational prescribing by their fellow practitioners.