Dr. AYD. May I make two observations, Senator?

Senator NELSON. Surely.

Dr. AYD. One, I am well aware of the fact that you are not out, shall I say, to damn the pharmaceutical industry. I am appreciative of that fact. What I think, though, needs to be stressed is, No. 1, much of what your hearing has brought out is an indictment, not of the pharmaceutical industry, but of physicians.

Senator NELSON. And some of it is very justifiable, I must say.

Dr. AYD. Yes. I have become known worldwide as an expert on the side effects of the psychopharmaceuticals. I write a great deal on this, lecture a good deal on this, and I am well known for repeatedly making the statement that frequently when I review the world's literature each year on the side effects and complications of the psychopharmaceuticals, I am compelled to draw the conclusion that it is not the drug that should be condemned but the prescribing physician who should be indicted.

Senator NELSON. That has been suggested before the committee.

Dr. AYD. Yes. Now, that is point No. 1.

Point No. 2. It is all well and good, sir, for any of us, senatorial committee, a body of physicians, to get together and to recite the litany of side effects that a compound can cause. But this can do a grave injustice, a grave injustice not only to the compound and to its manufacturer, but it can do a grave injustice to patients because there is no doubt in my mind that concern about side effects can be responsible, in fact, it has been responsible for denial of treatment. I wrote an editorial on this last year.

I think, for example, to say that a compound causes agranulocytosis is all well and good, but what needs to be said is how often it causes agranulocytosis. If it does it one in 25 million cases, that is not a very grave risk as, say, one in 25 cases.

The prescribing physician's moral obligation as well as his professional duty is to always balance risk against benefit. To do this, he must know several things. He must first know the patient for whom he is prescribing, not just an illness but the patient with the illness. He must know the physical condition independent of the illness. He must also know that we live and work today in an era of what I call polypharmacy. Patients are receiving multiple drugs for multiple conditions. You keep people alive and they develop high blood pressure and they develop diabetes and this, that, and the other thing each of which requires treatment. So that many patients receive multiple drugs.

The physician who does not take this into consideration can get into difficulties by producing drug interactions. This is a matter of medical information, how to evaluate a drug, when to prescribe a drug, under what circumstances.

But I must point out to you, sir, that there has been and there is a trend in the United States for individuals who would like to take over the control of the prescribing of medicine. I mean, I wrote an editorial also entitled "Drug Use by FDA Fiat," in which I take issue with the fact that a physician is supposedly limited by dosage recommendations in the package insert.

If the physician chooses to prescribe doses in excess of those in the package insert, he does so, to quote Dr. Goddard whom I respect very highly, "He does so at his own peril."