extent of information offered me from that source. Indeed, membership in that association requires each member to complete every 3 years 150 hours of approved postgraduate education. The fact that over 31,000 general practitioners are part of AAGP shows we GP's are indeed interested in, and are obtaining, the professionally organized and administered postgraduate education some of your witnesses have in effect suggested does not go on.

I am not operating in a vacuum, you see. In addition to all the more formal types of communication I've just touched upon I have the valuable, indeed, invaluable guidance of my fellow physicians. Everyone in the profession is informed speedily when a new pharmaceutical becomes available, thanks in a large measure to efforts of drug companies who produce them. We all agree, certainly, not all new drugs are destined to become essentials of medicine. Personally, I would rarely want to have the distinction of being the first physician to use any new drug the day it reached the pharmacy; nor do I want to be the last. In deciding whether, and when, to try a new drug, I find it most helpful to have the advice of my professional friends.

There are, of course, publications aimed at providing early guidance on the new drugs. The Medical Letter is a well-known source. I am proud today I am a charter subscriber to that letter, and I still retain volume I, No. 1, in my office, near my desk and close at hand. I think of the letter as a source of useful opinion, and that is saying a great deal. But, at the same time, Mr. Chairman, it is no Bible, and its authors do not, I am sure, want anyone to think it is one. Many doctors consider the Medical Letter to be entirely too negative, if not nihilistic, and I think it does have a certain pontifical, academic ring about it. I am afraid doctors who spend their entire day seeing patients tend to be a little annoyed at what appears to be ivory tower pronouncements from on high.

Senator NELSON. Could you tell me in what way—I am not a reader of the Medical Letter, of course—in what way it is negative or nihilistic.

Dr. HAGOOD. Their conclusions are rather tersely drawn, and they are very forthright in saying that this is good, this is not good, and in doing this there is this feeling out in the practicing profession, there we use drugs and we know, to begin with, there is a large element of the placebo effect, for one instance. We also know that there are differences in patient reactions to drugs. In fact, in my own practice I know that there are families, if you please, in which I can use certain drugs and that there are other families that I cannot use these drugs, and this is one of the reasons for this. Someone in one of those families has had a reaction to a drug, and this becomes known in the family. So when the same condition comes up in another member of this family, and maybe this is a first drug of choice and I would like to prescribe this, and if I mention this drug, why they immediately say, "No, sir, Doctor, I am just not going to take this because this made my aunt so sick we thought she was going to die," or she had a rash or something of that sort. As a result, why, we use another drug or fortunately we have other drugs that we can use.

Nevertheless, as you read the Medical Letter you find that this thing is somewhat cut and dried.