

The problem of continuing substantial usage of a potentially hazardous drug despite decreasing indications poses a problem with no easy solution. There are several possible avenues of approach and perhaps one or a combination of several may help place the future usage of this drug in a position more consistent with its indications. These are:

1. Limiting of availability to the hospital pharmacy. This drug could still be made available from such pharmacies to the occasional ambulatory patient for whom it might be indicated. The obvious disadvantages to this restriction are a likelihood of increased drug cost to the patient and considerable inconvenience to at least some of the patients, since in the rural areas particularly there are more neighborhood pharmacies than there are hospitals. The obvious inference to the physician with such a limitation would be that he should think of alternates if it were to be considered hazardous enough to require dispensing only by the hospital pharmacy. Regardless of these obvious disadvantages, this approach would seem preferable to the use of registry numbers on prescriptions as is the case with narcotics.

2. Restrictions on advertising and detailing of this product. Despite changes in recent years, the notice of hazards is often in smaller type and in a less conspicuous location than is the statement regarding real or presumed benefits.

Advertising should be restricted to illnesses for which the drug is preferred by a responsible group. Misleading illustrations, such as the bronchoscope, should be avoided. Such illustrations imply that chloramphenicol is useful for a variety of respiratory illnesses.

Senator NELSON. May I interrupt a moment there?

Dr. WEHRLE. Yes.

Senator NELSON. I have seen a number of those ads in which the bronchoscope is pictured. Are there any respiratory illnesses for which chloramphenicol is indicated?

Dr. WEHRLE. In my opinion, none whatsoever. I think we have less toxic drugs for these infections at the present time.

Senator NELSON. Is it indicated for any of the virus infections?

Dr. WEHRLE. Absolutely not.

Senator NELSON. It would seem to me, at least, that the FDA ought to prohibit the use of the picture of the bronchoscope which obviously indicates to the physician the area in which the drug is effective.

Dr. WEHRLE. This, in my opinion, would be a great step forward.

Physicians should indicate gross violations in claims by pharmaceutical house representatives, whose position is obviously dependent on sales of this particular drug. Such representatives have been well known to suggest antibiotic X for influenza. And by "antibiotic X," I do not mean chloramphenicol specifically but I mean any antibiotic that the particular representative is interested in selling.

I would also point out that there are extremely ethical detail people who present the facts very clearly and very fairly. There are people who tend to deviate, and I personally feel strongly that it is the responsibility of the physician to indicate such violations very clearly to the pharmaceutical house and as well perhaps to the FDA.

3. Improving data regarding hazards, and publicizing this information to the medical profession. Methods of improving both hospital and death certificate information should be considered. Individual physician reporting for infectious diseases has failed and it not likely