facturers, with 2,600 of them generic drugs and 2,000 brand names. But it is the biggest and best test that we have, and it indicates that the generic drugs met the standard potency better.

Now, do you have any evidence—we have had none by any representative before the committee—of tests showing that brand names are better? The only test we have is that the generics win.

Dr. ALFANO. The only test, really, is in the field. You are working with patients, you are prescribing drugs, you know it works. I do not think we can come up with anything better than that. After all, that is what we are working on, treating patients. If we come out with good results, fine.

If you can show me that I can use another drug that costs less and is equivalent to the drug that I am using, which costs more, naturally, I will use the drug that costs less and does the job.

But certainly, I am not going to go ahead and run experiments on my patients every day, say giving unknown drugs until I can evaluate them. It would be impossible for an individual physician to carry out this type of experimentation with many, many patients. He can do it over a period of time.

Senator NELSON. Of course, it is not possible for an individual physician, as a practical matter, to make comparisons of the efficacy of a half dozen different drugs of the same compound, anyway. You get a testimonial. But you do not get scientific evidence. The doctor may very well conclude correctly, after experience, that this is a good drug and it works. He sees it work. That is his experience. That does not prove that another one does not work. It does not prove anything. It just proves that the one he is using, as far as he is concerned, does work.

Dr. ALFANO. Well, in the final analysis, that is what counts, is it not, the confidence the doctor has in his particular treatment? That is very important, regardless of the benefits of other types of drugs and medications that are around. He is using a particular drug, and it is important that he have faith and confidence in that particular drug.

How can I treat a patient when I do not have confidence myself in what I am giving this patient? I would be a nervous wreck. I would be out of practice of medicine inside of a week.

Senator NELSON. Well, I submit that the classic example is the Medical Letter again.

Dr. ALFANO. Well, I do not believe everyone has that sort of faith in the Medical Letter.

Senator NELSON. Pardon?

Dr. ALFANO. I do not believe everyone has that blind faith in the Medical Letter. I do not subscribe to it, I do not have it, but my chief of medicine feels it is fine, but there are certain limitations to it.

Senator NELSON. There are limitations to everything. The Medical Letter had the drug prednisone tested chemically, and 22 all met USP standards. Then they consulted with their clinicians around the country, distinguished professional men.

Dr. ALFANO. They do not say who they are, though, do they?

Senator NELSON. Well, they list the editorial board, of course. Now, their advisory board is Dr. Gardner, professor of pediatrics, State University of New York, Upstate Medical Center; Lewis S. Goodman, professor, head of the Department of Pharmacology at the Uni-