

Dr. ANNIS. May I summarize the council's views? It recommends that in most instances the physician should request that the prescription label indicate the name and strength of the drug prescribed.

Some of the reasons given are these:

The patient has the right to be informed about his illness and the medication prescribed.

The information is invaluable when the patient changes physicians.

It is advisable that patients with allergies know what is being prescribed.

Specific information on the label helps to prevent mixups between two or more drugs being taken at the same time; or between medications being taken by different members of the family.

However, the council also offered the fact that there are situations when the physician might determine that such information should not be contained on the label. Those situations usually involve psychological considerations for specific patients.

Mr. Chairman, I would now like to add some further remarks that the AMA considers of importance to these hearings.

Almost at the beginning of this statement, I listed the three primary reasons for which the American Medical Association was founded 122 years ago; to establish a code of ethics; to combat quackery; and to improve medical education.

That last point—education—includes the entire spectrum of training and education necessary to produce and maintain a competent physician:

Premedical education.

Medical school.

Postgraduate education through internship or residency training.

Continuing education of practicing physicians.

The proper use of drugs is a vital part of all medical education, beginning with medical school.

A survey of medical schools by the AMA in 1966 revealed that an average of 173 classroom hours was devoted to pharmacology during the sophomore year. The range was from a low of 62 hours to a high of 396 hours.

In the junior and senior years, instruction in drug therapy is presented as a part of each clinical service and through clinical pathology conferences which all students are required to attend.

It is not possible to give the total hours of drug therapy instruction received by the student because there is continuous education in that area throughout medical school and during the internship and residency years.

The same observation can be made about continuing medical education courses. The AMA publishes a list of such courses each year. The latest list, and I have with me a copy for the committee, shows 1,922 courses offered to physicians by 372 institutions and organizations. I will leave it with the committee. This is, I think, the 11th or 12th—the 14th consecutive year which this has been made available, so physicians anyplace in the country will know where they can go for continuing education.

Senator NELSON. Thank you.

Dr. ANNIS. While there are no courses titled "Drug Therapy," with very few exceptions, each course necessarily includes information and