Dr. ANNIS. This committee has heard testimony that drugs should be prescribed by their generic names only. That recommendation usually is founded on the assumptions that drugs of the same generic name are therapeutically equivalent; and that a prescription written by generic name will automatically save the patient money. Neither assumption is necessarily true.

The AMA believes firmly that no system of prescribing drugs should be compulsory for a physician. Instead, a full range of drugs must be available so he can select for his patient the one he believes will achieve the best response.

To cope with differences among some patients in their responses to drug therapy, the physician must be allowed the greatest possible freedom in prescribing from a supply of drugs that is as large and as flexible as possible.

It takes more than laboratory testing—more than just chemistry—to prove therapeutic equivalence among drugs. It takes proper clinical testing.

Even assuming equivalence of chemical composition among drugs, other factors are involved. Among these are crystalline size, nature of incipients, flavors, coloring agents, tableting pressures and the number, thickness, and orientation within the tablet of coating films.

The physician who prescribes a drug needs to know what to expect from that drug. A generic prescription, filled by a drug the pharmacist selects, may be filled with any drug within that generic classification. If the prescription is refilled, the product of a different manufacturer may be used. As a result the physician may be unable to evaluate fully the patient's response to that course of drug therapy.

Mr. Chairman, and members of the committee, that completes the statement of the American Medical Association before these hearings.

I have tried at least to touch on, if not to discuss in elaborate detail, subjects that we believe are important both to this committee and to the medical profession. If there are any questions at this time, I shall be glad to do my best to answer them.

I will be glad to be assisted by both Dr. Hayes and Mr. Harrison. We appreciate this courtesy.

Senator NELSON. Thank you very much, Dr. Annis. We appreciate this statement of the American Medical Association.

You made some reference in the beginning to statements by some witnesses that may reflect in a fair way on the profession. Let me say that in my judgment based upon some natural bias, coming from a medical family, I consider the medical profession the finest of the professions, though I am a lawyer. And though we have highly motivated people in all professions and we have some who are not, I think my own unscientific estimate from experience is that there is a higher percentage of highly motivated people in medicine for a very simple reason, that I think more people go into this profession because they want to do something for people. That has been the history of medicine more than perhaps any other profession.

I want to say, too, that the fact that Congress conducts hearings of various kinds involving all aspects of the social structure of the country and the economic structure and the professions does not mean that the hearings which may bring out testimony critical of some industries, some profession, or something else, does not mean that that is a