and the dosage they are taking. This is so important in many drugs, how frequently they take it, and also, how long they have been taking it. Many drugs are not considered dangerous if taken for a week. The same drug you might give for a week, you would not want anybody to refill, and you sure do not want them taking it for a month or two or three. This basically is the summary of the philosophy behind this recommendation.

Senator NELSON. I think we have had a number of distinguished physicians testify on this precise point. No one so far as I know, has testified to the effect that the physician should not have a choice of whether it is a brand name or generic, but in order to accomplish this, is it not necessary to have some legislation that would require that the label carry the generic name, and then, of course, the doctor may decide that it should be Lilly or Parke, Davis or Merck or something else. It may very well have that on the label, also.

Do you see any other way to secure, without legislation, a requirement that the label shall bear the generic name excepting in those cases where the doctor notes that he does not wish a patient to have the drug identified?

Dr. ANNIS. Well, Senator, in most instances compulsory labeling would cause no hardship. But, especially in the field of psychiatry, sometimes in other fields, for psychological or emotional reasons—if you were to tell someone who is disturbed—an exception must be provided. This is one of the fields that I have to listen to my colleagues. Let me cite an example. There are meprobamates, Miltown or Equanil. These patients will say, "I read about that Miltown, I tried that years ago, and it is of no value." Yet the prescribing physician, the psychiatrist, the internist, the obstetrician, would be very reluctant to let this patient know she is being given Miltown, so he might prescribe meprobamate made by someone else or meprobamate USP.

There are many reasons why physicians will not tell the whole story. Psychiatrists dealing with children are totally reluctant to disclose all to their patients.

This is the reason that our recommendations, following the Council on Drugs, with the concurrence of most of these very distinguished men who have been before your committee in the field of physiology and medicine, recommend strongly an increase in the practice of labeling, but they still leave to the physician the discretion. If it became a matter of law, it is mandatory, then we overcome the part of treatment, the mysticism, for example, that some physicians in certain areas of medicine—in psychiatry—feel is part and parcel of good treatment. This is where the objection comes.

In my practice I cannot conceive of but very few instances where a compulsory labeling would make any difference.

Senator NELSON. It has been the testimony of a number of distinguished witnesses that it ought to be described generically on the label, with the caveat that if a doctor does not think it should be, it will not be put on the label. So I am wondering why legislation requiring it, except when the physician directs otherwise, is not the only way you are really going to accomplish this.

Dr. ANNIS. I would not have too strong an opinion against that as long as the physician—this is the only thing—as long as the physician taking care of this patient has the right to discriminatory judgment in the interest of the patient. This is all we ask for.