Senator NELSON. In the 2 years that we have had the hearings, we have announced publicly on several occasions that we will hear all viewpoints and that anybody who manufactures drugs is entitled to first preference to appear before this committee. In that period of time we have not had any scientific testimony that proves the claim that the industry consistently makes, that the brand name is better than the generic name. The assertion by the USP and the National Formulary and the distinguished pharmacologists before the committee is that if two drugs meet the official compendium standards they are equivalent. And there are rare exceptions, which do not even count up to one, and they are not even certain of that. But the profession becomes convinced that that is not the case. My point is that the profession believes what you stated in your opening remarks, I agree—I think that is exactly what they believe. But what responsibility do the journals and the medical press have for pointing out that the claim that is being made consistently to the profession is not true, it has not been true? That is my point.

Dr. POLLARD. Senator, may I just comment on this recent publication of the AMA drug evaluations. This, I believe, is their first chapter on this, published May 20, 1968. As you go through the listing of all of the drugs they are listed by generic name in bold type, and in very small parenthesis is the trade name. I think that is a little along the line that you are talking about.

Senator NELSON. Yes.

Dr. ROSENOW. Senator, may I ask a question?

If your feeling is that doctors should prescribe by generic name, would you have objection to them including also the brand name or the manufacturer?

Senator NELSON. First let me say, doctor, that I would not make any independent judgment of my own about what a physician ought to do. I have not decided what some of the authorities would do because I do not have any independent expertise of my own. The testimony of experts before the committee consistently has been that doctors ought to prescribe by generic name, but the doctor would have complete freedom to designate the brand that he wants. No one has testified before this committee that the doctor must prescribe by generic name and not indicate the manufacturer or brand. All of our testimony has been that he should be able to select the company if he desires to do so. So we have introduced legislation based upon the testimony of a number of highly regarded pharmacologists and physicians that the label should contain the generic name, and if desired by the physician, the brand name or the manufacturer himself. What is your view of that?

Dr. ROSENOW. I personally would have no objection—in fact, I would say over 30 years my attitude is changed about how much you should let the patient know anyhow. I think they ought to know as much as they can. That is as I get older. It is harder and harder to find out how to take care of people anyway. But I think with the American public traveling as much as they do and moving from place to place it is really a good idea to have on the label what the drug is, what drug he is taking, and what the dosage is. And preferably, I think I would like to know not only the generic name of that drug