the use of drugs in clinical medicine, the American Diabetes Association, the American Rheumatism Association, the American Heart Association and others. These activities have naturally brought me in contact with many pharmaceutical companies and their representatives in scientific matters as well as in business matters having to do with arrangements for meetings, contributions for clinical research and similar joint projects.

With respect to the internal organization and operation of medical societies themselves, I have had experience as an officer in many of them at the State and local level. For the past 6 years I have been a member of the board of trustees of the American Society of Internal Medicine and president this past year.

In this position I have necessarily become familiar with the financial as well as all other aspects of the operation of these organizations. As the principal liaision officer. I have spent a great deal of time with the officers of other professional organizations in the health care field as well as with governmental agencies having to do with health care matters both at the national and State level.

I have been interested and active in the health insurance field for many years. This, of course, involves the insurance considerations related to the use of drugs as well as other matters pertaining to health care insurance. I am associate medical director of Mutual of Omaha and their consultant on medicare. Mutual is one of the fiscal intermediaries for the Department of HEW in this program as well as for the Department of Defense in the CHAMPUS program, formerly known as military medicare. I will be in Baltimore at SSA headquarters the next 2 days for a regional meeting of medical directors and consultants of the fiscal intermediaries for the medicare program. One of the important subjects we will discuss is the use of drugs and related materials in the program.

I have read many of the press releases and some of the official testimony given to this committee. If I can make any contribution which might be of help to you I believe it would be in the area of the relationships between the drug industry and organized medical societies and in the areas involved in the practical translation of medical scientific knowledge to the care of patients. I will be glad to answer any questions that I can.

PHYSICIAN RESPONSIBILITY

With respect to the prescribing drugs, I believe it is the physician's responsibility to be fully informed about any of the drugs he prescribes—the dose, the expected pharmacologic effects, side effects, toxicity and all similar matters. It is equally important for him to know his patient because the identical drug may produce an entirely different pharmacologic effect in one person than another. Dosage requirements and tolerances may vary widely in different patients and even in the same patient at different times. Treatment with drugs, as with all other modalities, should be highly individualized.

Physicians have an economic responsibility to their patients too, and some consideration should be given to the cost of drugs prescribed so long as cost is not the sole determining factor. If a cheaper drug will not accomplish the desired result, then obviously it is not cheaper