ing to and examining his patients and his knowledge of the experience of his colleagues.

I hope that this very sincere and dedicated committee will not be diverted in its efforts to help identify and solve some of the troublesome socioeconomic problems related to the health care field by those few persons who presume to see some sort of collusion between the drug industry and practicing physicians which they believe exists to take unfair advantage of the public. Believe me, gentlemen, there is no exchange of material goods or services or money that I know of which is contrary to moral or statutory law or ethics.

NATIONAL DRUG COMPENDIUM

The matter of publication of a national drug compendium has been discussed at length and in detail by medical, governmental, and other organizations for several years. The consensus of opinion of practicing physicians generally is, I believe, that such an effort would not be desirable, practical, useful, or in the public interest. If such a book were to be all-inclusive, several volumes more than 3 inches thick would be required. It would have to be loose leaf and updated regularly and frequently. It would have to be compartmentalized for the best use of the different medical specialties, yet there is sufficient overlap in all that there would have to be some duplication of entires. It would, indeed, be difficult to find any agency or group of physicians, however knowledgeable, who could put such a mass of information together in readily usable form.

By the time it was published and distributed, much of the information would be outdated. The editors would not dare put in anything too new, yet much of the new is very good and useful as time and experience later prove. It would be difficult to leave out some of the old, yet much of it is outdated or so very well known generally that it would be in the way.

However much disclaimed, if published by or with the approval of the Government, the material contained in it would be interpreted as having legal Federal sanction. Then if a drug were used in the treatment of a condition not listed in "the book," or in a different dosage range, the physician might be presumed guilty of malpractice.

Conversely, if a drug were listed as useful for a certain condition and the attending physician did not use it even for very good and acceptable reasons, then he might also be presumed guilty.

A further disadvantage would be its use as a lever to impose compulsory prescribing by generic name. This simply cannot be, in my opinion, handled by the majority of practicing physicians. All of us prescribe some drugs by generic name, but we cannot possibly remember all of the generic terms for all the drugs we are accustomed to prescribing. To be required to look them up in "the book" would use up too much valuable time and would further aggravate our existing health-manpower shortage.

Further, and more importantly, a compendium would further confuse the question of generic equivalence. We have already found out, as has the FDA, that drugs identified as being the same generically are not always the same clinically.

Senator NELSON. I am not familiar with what the FDA found on that point.