

Dr. LONG. I do not have the citation with me. All I can tell you is that I have read this. And as I say, I did not come prepared to discuss that in detail. But I have read this in what I consider to be a reliable and authoritative publication.

Gentlemen, the last book on therapy has not yet been written. What person, or committee, or agency is to say with finality that this or that vitamin is better than another, that this or that antibiotic should or should not be used, that the dosage range of this or that drug is from here to there but no less and no more, that this or that drug is very good for this condition but must never be used for that? I can think of nothing worse for the health and care of the American people than for individual physicians to be compelled, directly or by implication, to treat their patients according to a majority vote of a committee of other physicians or scientists, however honest, capable, and sincere the members of that committee might be.

Treatment must be individualized and scientific areas where preciseness of measurement is almost nonexistent should not be highly regulated. Pharmacology, toxicology, absorption factors, excretion factors, blood levels, bacterial sensitivity studies in the test tube and the like fail to inform us really of what drugs do at the cellular level. Until we have better methods for making such determinations, these studies, while necessary and important, are only gross guides for drug therapy. There are no "standardized" patients and I do not believe there can be any "standardized" drugs to meet their needs.

Previous testimony before this committee indicates that more than 90 percent of prescriptions filled called for a product by brand name or the product of a particular manufacturer in whom the physician had placed his confidence. It also has been stated here that 86 percent of the dollars spent by the Federal Government went for the purchase of products of brand name manufacturers when all the testing and elaborate screening procedures were completed.

Physicians, depending on manufacturer integrity to secure the highest quality medicines for their patients—and Government, refusing to accept anything except scientific proof of quality—both arrived at the same drug counters to secure healing agents for those for whom they were responsible.

#### DRUG LABELING FOR PATIENT

The matter of labeling prescription drugs dispensed to a patient is a highly individual matter and often involves medical judgment which only the attending physician who knows his patient should exercise. I hold no brief for the physician who labels a bottle of medicine "take as directed," unless those directions are given in writing to the patient by the physician. This is necessary in certain situations. It is my own practice to identify the name of the drug, the dosage schedule, and the purpose for which it is prescribed in most instances. Even here, there are exceptions. For example, there are certain patients who develop so much anxiety from seeing the name of a drug on the bottle when the possible harmful side effects of that drug have been discussed in recent newspaper and magazine articles, that it is better for them just not to know the name of it.

Again, the doctor has to know his patient and act accordingly. A patient should almost never be given the usual "package insert" to read. They already have enough anxiety about their condition without be-