submitted by the cartonful, and our medical officers are supposed to take this all very seriously.

This confirms what the task force says about the quality of research.

Dr. SHAPIRO. That is, I believe, why we have regulations to control the releases. And they are good.

Senator NELSON. Please continue.

Dr. SHAPIRO. Allow me to comment on drug compendium proposals and make a point that perhaps has been overlooked in previous pro and con discussions. Think for a moment, please, about the use to which physicians put drug compendia. The drug compendium is not a catalog and thus does not serve the purpose that a catalog serves.

When you and I consult a catalog, mail order or otherwise, we expect to find that each item comes in a variety of shapes, sizes and colors—and we choose the one we want. On the other hand, a doctor does not normally use a drug compendium to help choose between products A, B, C and D. Instead, he uses it to check out a drug he already expects to prescribe; to review, if necessary, the contraindications, et cetera. This does not mean that he never changes his mind after consulting a compendium but this happens only occasionally.

In short, the compendium is a reference book—not a catalog. In this connection, let me make one more point quite clear: If a physician knows nothing about a drug, he is most certainly not going to prescribe it simply on the basis of compendium listing—no matter how many compendia are available or who published them. As an aside, I hope that my own health and well-being are never entrusted to a physician who feels he must consult a drug compendium every time he writes a prescription. So a compendium is a reference volume—nothing more.

How, then, do we learn about drug products? We read, listen, observe—and discuss. I read many scientific articles—not all of them but as many as possible of the ones that I consider of value to a physician in active family practice. I attend medical symposia and other meetings and I talk to my colleagues and detail men—about whom I will comment in a moment.

In other words, gentlemen, drug compendia are not an integral part of my drug therapy education. The scientist has his book of mathematical functions, the physician has his compendium. Both are useful, both are valuable—but neither is a substitute for knowledge.

I hope I have made this point clear because perhaps you will then understand why I see no urgent need for still another compendium.

Senator NELSON. Do we have an authoritative, objective compendium available now?

Dr. SHAPIRO. I believe I touch on this further on in the testimony, Mr. Chairman, I make reference to the AMA. May I continue?

Senator NELSON. Yes, sir.

Dr. SHAPIRO. In the months that have passed since the compendium proposal was first mentioned, I have not had a single colleague tell me that he thinks we need another compendium. So if there is no demand, isn't it then a bit unfair to suggest that the drug industry spend $6 million for an item that physicians do not seem to really want or need?

Senator NELSON. I might say on that, Doctor, that the proposal that Dr. Goddard made was that the $6 million that was spent on the package insert be used for the compendium, and that the package