insert not be required, since the physician does not see the package insert very often; it goes to the pharmacist.

Dr. SHAPIRO. The package insert has not done a great deal for me, Mr. Chairman. I can read everything I want to except the package insert, and that is why I got these glasses. The printing is so fine and everything is so piled on a thin piece of onionskin that it is difficult to handle.

If the Government does decide to publish its own compendium, I am afraid that the printed product will not be of substantial value or use to the practicing physician. It will be little more than a collection of package inserts, neatly bound together but almost unreadable. When you start listing every adverse reaction to every listed drug—such as one minor skin lesion in 10,000 patients—you cannot emerge with anything but a tome.

Senator NELSON. Doesn't the doctor when he checks on the drug want to know all adverse reactions? If the doctor is going to prescribe a drug, doesn't he want to know all indications and all adverse reactions?

Dr. SHAPIRO. Yes, sir.

Senator NELSON. Then what is his objection to having it in the compendium?

Dr. SHAPIRO. You are assuming that a doctor will prescribe a drug from a compendium. And my assumption is that he will not, he will have the information that he needs before he will consider using a drug.

Senator NELSON. Where does he get the information on all the drugs that he might need?

Dr. SHAPIRO. He does not use all the drugs.

Senator NELSON. Where does he get the information on all of those that he does need?

Dr. SHAPIRO. As I have covered already in this testimony by reading proper scientific articles, attending meetings, symposiums, discussions with colleagues, hospital staff meetings.

Senator NELSON. You have been told by a number of physicians that a lot of them rely on PDR, for example?

Dr. SHAPIRO. To that extent, I question very much. I use PDR for one specific function. In being cost conscious for my patients, I usually check PDR to see what the trade size package is, and I usually prescribe that amount. This enables the pharmacist to merely add a lable to the trade size package, and not use another bottle. I have found that if a liquid item is supplied in, say, 60 cc. form, and I write for 40 cc., the patient will be charged with the full 60 cc., and I am cost conscious for all my patients. This is the major use that I put to the PDR.

Senator NELSON. I do not know what the compendium would answer, I am not an expert in that, of course, or anything in this field. But I quote from the final report of the Department of Health, Education, and Welfare's Task Force:

> We find that few practicing physicians seem inclined to voice any question of their competency in this field of therapeutics. We also find, however, that the ability of an individual physician to make sound judgments under quite confusing conditions is now a matter of serious concern to leading clinicians, scientists and medical educators. A distinguished pharmacologist, for example, has stated that lack of sophistication in proper use of drugs is perhaps the greatest deficiency of the average physician today.