world that some man cannot make a little worse and sell a little cheaper, and the people who consider price only are this man's lawful prey."

A moment ago I mentioned detail men and I would now like to add a comment or two. Detail men are often referred to as salesmen and in a sense, they are. But I must again urge you to think of the detail man's function and his relationship with the individual physician.

He—the detail man—is a source of information. I said earlier that I would not prescribe a drug just because it is listed in a compendium and by the same token, I would also not prescribe a drug just because a detail man has listed its indications, contraindications, et cetera.

I have read some of the newspaper stories generated by these hearings and it seems to me that one important point has been almost entirely neglected. Medicine, and thank God this is true, is practiced by physicians—not by detail men, not by advertising agency copywriters, not by the Food and Drug Administration and not, with all due respect, by the Congress of the United States. To get an M.D. degree, you need 4 years of pre-med, 4 years of medical school and at the very least, a 1-year internship. You do not have to be a mental giant to be a doctor but most of us are not witness ninnies ready to be gulled by a sharp-tongued detail man or a clever copywriter. So instead of pointing one finger at the detail man, another at the copywriter and a third at the fellow who mans an exhibit, take a look at the composite and remember that most physicians are involved in a series of 1 to 1 relationships with people—people who are sick, ill, injured, or infirm. When I see a sick child or a pregnant woman or an elderly diabetic, I am Dr. Maynard Shapiro and that person is my patient and I am his doctor. Whatever you do, please do not destroy or impinge upon that relationship.

Health legislation, or related legislation, has enjoyed fantastic popularity in recent years. Such legislation has a certain emotional and political appeal and I would be the last to claim that the Nation's health care structure is perfect. But as it is not all good, it is not all bad—and I would urge you not to destroy the good while seeking to improve the bad.

Senator NELSON. May I ask a question here?

Dr. SHAPIRO. Surely.

Senator NELSON. I do not understand these general statements, "Whatever you do please do not destroy or impinge upon that relationship," and the sentence, "I would urge," meaning the committee—"not to destroy the good while seeking to improve the bad."

What is the basis of those statements, something the committee has done?

Dr. SHAPIRO. No, sir. This is referring more to a tendency, not the committee specifically. If you will notice in what I have presented just now, I did not refer to a health care system, I referred to a health care structure. It is my contention that we do not have a system in this country for the delivery of health care.

Senator NELSON. So you were not referring to issues raised before this committee?

Dr. SHAPIRO. No, sir.

Senator NELSON. Please go on.