

And I am very proud to have Dr. Adriani appear before us today and give us some of those statements that we have had some difficulty in getting from some other members of the profession.

Senator NELSON. Thank you very much, Senator Long.

Dr. Adriani, apart from the confusion resulting from the great proliferation of drugs—I mean, the difficulty in keeping track of them all—are you aware of any instances where the fact that we use brand names has been a safety problem to the patient? For example, thalidomide was in the marketplace in Spain and South America under, according to Dr. Taussig, a number of brand names. Long after the medical community was aware that thalidomide was a dangerous drug, it was still being prescribed under brand names with the physician not being aware that it was, in fact, thalidomide?

Do you view that as a serious problem under the brand name system?

Dr. ADRIANI. Yes. A patient who is sensitive to sulfa drugs may have taken a drug under one brand name, and when he goes to another physician and may get the same product of another manufacturer, under another name. He gets a reaction from it, if he does not know what it is. This is possible, not knowing the identity of the drug.

And this is why I strongly emphasize—the FDA talks about full disclosure on their package inserts, that I am for full disclosure on the label of what is in that bottle.

Here is an example with which I am familiar. A patient went to one physician and was treated by that physician for some time. He did not think he was getting any better. So someone else said, "Why don't you go see my doctor?" He had been given Equanil by this first doctor. The other doctor looked at him and said to himself, this fellow is on the "neurotic side," and I will give him Miltown. So this patient threw away his Equanil and bought Miltown. Miltown is the same thing as Equanil. If meproamate had been on the label and the patient had seen that label, he would have said "he gave me the same thing the other doctor did." And he would have said, "maybe there is something wrong with me 'upstairs.'" And he would have known that he got the same medicine.

Senator LONG. Assuming he went to a third doctor, that doctor might have given him the same medicine by the honest name, meproamate, and he would have said, this doctor isn't any better than the other one was. And a fourth doctor might give him Librium, and he might give it by a different name, and he still wouldn't know what he is taking.

But he finally found a doctor who could come up with the correct answer. It just happened that recently I discussed this same problem with the president of a drug company. And naturally he does not agree with your position, Doctor, because he likes to sell by brand names. So I interrogated him on the difference between Librium and meproamate. And he was arguing for his position. He said, "It is very important that a doctor should know his own patient and know what his patient's problems are and how his patient reacts to drugs."

So I interrogated him on this difference between Librium and meproamate. He said, if a doctor gave me—I can't recall what, one or the other—the next day I would feel like I had the worst hangover I had ever had in my life; that is the way I would react.