Now, it is pretty clear from these figures, especially if we take the middle categories to express uncertainty in diagnosis and treatment, and the placebo category to indicate minimal control, that the physician is constantly facing these two conditions in his use of therapeutic drugs.

Facing frequent uncertainty and lack of control, the doctor is still under pressure to do something for his patient. I should like to stress it is a double pressure from his own wish to be helpful and pressure from the patient's appeal, often urgent, for some help. In this situation, the doctor is under a structured pressure which results in some patterned responses. First of all, he can respond by using a drug or technique which he knows is helpful in some cases and might possibly be in this one. Or he can respond by prescribing a placebo, something which does no harm. It is an old medical maxim, first of all, do no harm, and which allows the healing power of nature to take its course.

The history of medicine is filled with responses of both these kinds. Some recent examples have been the fads for tonsillectomies or for the antibiotics. The psychotropic drugs would seem to satisfy both of these responses. That is, they can be thought of as either possibly effective for a broader range of ills than has been demonstrated by research or they can be thought of as placebos. It is no wonder that they have been very widely prescribed in recent years.

Doctors could probably reduce the amount of prescribing of tranquilizers—that is, could reduce "overprescribing," if one prefers to view it that way—by being more aware of why it is that they often seize on new drugs and new techniques in a fadlike fashion. If they educated themselves and their patients to the considerable uncertainty and lack of control that does exist even today in medical practice, both they and their patients might better be able to tolerate it without recourse to unnecessary and costly prescriptions. For those who cannot tolerate the uncertainty or lack of control, of course, whether doctors or patients, the prescribing of tranquilizers cannot be viewed as "overprescription" but rather as a possibly effective way of dealing with the anxiety this uncertainty and lack of control generates.

Thank you.

Senator NELSON. Thank you very much, Professor Barber.

Mr. Gordon, do you have any questions?

Mr. GORDON. On page 5 you say, "We shall need rules as to prescription, distribution, conditions of use, and the like, for psychotropic drugs."

If special controls are necessary for the prescription and use, how about for the promotion of these drugs?

Mr. BARBER. Well, there might be that, too. For example, we see now in the case of tobacco requests for controls on advertising to the young. There might be prescriptions of that sort of drugs, too.

I hate to be specific about details because I think these are hard problems. Age differences would be one of the central foci of careful people sitting down to think about the controls. Obviously, you would have different rules for young people as against older people. You might require parental permission, for example.