I am repeating myself.

I might say that the healthy impact of this is that it will promote more research; people are going to have to investigate.

I think there is a problem of information dispersal that such a blue ribbon commission ought to look at. The uses of modern technology from TV to computers could be applied to these information problems. And I refer to doctors who are practicing. What kind of information do they really want? A doctor is in a small town, and there is a major medical center nearby. Has he any way other than one of those annual meetings (where I get up and lecture on psychotropic drugs and he meets me after the meeting to talk a little bit) has he any way to pick up the phone and say—as my friends do—I have a patient; here is the problem; how about a consultation? Which you can do informally with a friend.

Maybe these practices ought to be encouraged. And maybe they ought to be linked with our movements such as heart, cancer, and stroke centers. And maybe none of these things will be linked if you look at the whole public health picture and the bewildering variety of proposals. Our aim is the delivery of our specialties and our training and our consultation finally to the patient—but the articulation of these systems looks very chaotic to most of us at this juncture.

Put it this way, Senator, It is very hard to plan today if you are chairman of a department or dean of a medical school or faculty of a medical school trying to look ahead.

Since drugs teach us about disease and health, how should research into pharmacology and toxicology be advanced? And here I refer to the fact there are many toxicological problems. I am not at all convinced—I ran into most of these with LSD—but I am not at all convinced that the NIH is really equipped to knowledgeably fund the kind of toxicological studies the public seems to be interested in; somebody could look into that in any event.

What are our manpower needs in the entire chain from basic investigation to clinical practice? How can the development and use of pharmaceuticals be taught, inserted into high school science curriculums?

We are often asked to save our children from all of these street drugs. But if you look at high school science studies, the basics of pharmacology, even the history of penicillin is usually not there.

The whole problem of fads in our society are not taught in social science courses. Well, fads and drugs are very closely linked.

What curricular revolutions will we need in higher education without sacrificing quality in order to produce manpower? That means something has to be funded. If you want to try a different kind of medical education, that will be very expensive; but a block of money could fund it. We might see what a really inventive program of medical training could do. It is the most expensive training the world has ever known. And it gets longer and longer. And there should be some creative way of making it shorter. We are not going to find out soon enough to satisfy most of us who are interested unless we can fully fund a few major revolutionary studies in medical education.

All of this could be to the ultimate good of what bills are often passed for, namely, delivering services "now."