

politicians are cast as seeking causes which will advance their political careers, and physicians as burdened by responsibilities that they can not possibly carry out under today's information and drug explosion, regulative agencies vested with inappropriate and often unenforceable mandates, medical schools, reeling under cuts in Governmental support are enjoined to do a better job of pharmaceutical education, and the general public which cheerfully pays exorbitant amounts for cosmetics, and cars, is pictured as somehow much more victimized when the mass selling is applied to drugs.

What is needed in this situation of incredible productivity in pharmaceutical invention is a modification of these respective limited demands on each sector of the health networks, so that industry can accept more responsibility, politicians will be recognized as seeking the general good as well as continuance in office, government agencies will not be driven frantic by exorbitant work loads, medical schools and schools in general can prepare the public better for choices, and the population of the United States, and of the world be protected against premature or inappropriate or dangerous use of untried drugs.

But in addition to a change towards more cooperation among the different parts of this very complex network, what is most urgently needed are the full use of the modern devices with which the same information explosion that has given us our problems, has provided us.

Some of these are:

(1) Use of retrieval and presentation devices to permit information about new drugs to be processed rapidly so that the practicing physician, be he general practitioner or psychiatrist, can have access to the necessary information.

(2) Legislation to permit formal, computer based and monitored, connections between testing laboratories.

(3) Adequate funding of international drug information through WHO.

(4) An *individual cumulative health card* on which would be registered past health history, blood type, allergies, AND present medication from all sources, other physicians and self medication by prescription drugs and drugs sold over the counter. Such a card should be in form that a medically trained secretary could elicit the information—process it—and present it in an immediately relevant way to the physician.

Psychotropics are drugs of proved worth in giving access to psychotics, improving mental hospitals and helping millions of ordinary individuals to cope better with the anxieties of an exceedingly exacting society. It is ridiculous to worry about their over-use at a period when no physician, or clinic, has time to take a history that will guard against the much more dangerous cross effects of drugs, beside which "side effects" pale.

Our problems in medicine and health care—as in many other fields—are problems of sudden explosive abundance with which we have not been prepared to cope. The methods for coping are already available. I believe that the most useful thing this Committee can do is:

(1) push for more funds for research and medical school education.

(2) push for the installation of devices using modern electronic methods within which each individual receiving any kind of drug treatment will be safe.

(3) push for the substitution of social and medically sound programs for the handling of all presently illegal drug uses which are presently treated punitively.

Senator NELSON. Senator Dole.

Senator DOLE. On page 13 of your statement in the summary of what this committee might do, you indicate the second suggestion would be to push for the installation of advisers using electronic methods. I wonder if you might elaborate on that proposal. I am not certain I understand just what it might do.

Dr. MEAD. It would be possible now to have a card, an individual card, on which these varieties of past medical history, specific sensitivities, disease states that the patient had had, and present medication, could be punched in, if someone who was not a physician was able