Dr. DAVIS. I think you can divide contraception into three broad categories for purposes of thinking about it. You can think of permanent surgical methods such as sterilization for people who have completed family size. That is one category.

The other methods are reversible and generally used for spacing. These would fall into a category of local methods which have strictly local effects, and systemic methods. The oral contraceptives or the injection of hormones would be systemic methods. That is they affect the entire body. While you are accomplishing your contraceptive objective you are producing very, very widespread and generalized changes.

Public policy with respect to oral contraceptives has been unsound in other respects. Is the consumer—the woman—aware of, or even capable of fully understanding all of these complex questions which have puzzled and concerned some of the best brains in medicine for the past decade? Again, as Senator Nelson has brought out, I think certainly little attempt has been made either to inform her or to protect her. In many clinics, the pill has been served up as if it were no more hazardous than chewing gum. The colorful brochures, movies, and pamphlets which are used to instruct women about the pill say next to nothing about possible serious complications. The same can be said for the veritable flood of articles in popular magazines and books which have convinced many women that there are few satisfactory alternatives to these steroids and that careful studies have proved that there is little or no risk to life or health in the pill.

Does the woman receive the same warnings and information about contraindications to the pill as the doctor? She does not. Is she privy to the fact that her risk of thromboembolism is greatly increased if she is taking the pill and is also over the age of 30? She is not. Is she aware that prolonged use of these compounds entails a completely unknown hazard of diabetes, hardening of the arteries and possible breast cancer? Not if she must depend on the brochures prepared for her information by the drug companies.

According to most of these instructional booklets, the major hazards of taking the pill are a slight sense of nausea and possibly forgetting one pill. It can be argued that the risk benefit ratio of the oral contraceptives justifies their use under certain circumstances, but it cannot be argued that such a powerful medication should be administered without the full informed consent of each woman. If informing her adequately requires reprinting the pamphlets and remaking the movies, so be it. The public deserves no less, particularly when the health of 9 million women is concerned.

This is not to suggest, however, that the oral contraceptives should be withdrawn from the market, despite the mounting concern regarding their safety. These agents are extremely valuable for the treatment of many diseases and incapacitating conditions in gynecology. There are also certain women who cannot or will not use effectively other methods of birth control. It would be tragic not to have these agents available for the treatment of disease, just as it may prove equally tragic to continue dispensing the pill in an almost completely permissive atmosphere. There is a prudent middle ground which can be followed, I believe, with relative safety.

The British have concluded that the risk of thromboembolic complications can be greatly reduced by eliminating the use of the sequen-