Senator McINTYRE. Doctor, on page 2 of your statement you point out that the argument, frequently cited by proponents of the pill, that the risks of taking the pill are acceptable because they are less than the risks of pregnancy itself, is irrelevant since there are other and safer methods of contraception available.

I am glad you have made this point because it appears to me that this argument is based on fallacious reasoning. In assessing the benefits-to-risk ratio of the pill, it appears to me that the only benefit is the degree to which it surpasses the effectiveness of other methods of contraception.

Similarly in evaluating the risks of the pill, it should be compared not to the risk of pregnancy in the whole female population but only in that much smaller group which may experience an unwanted pregnancy due to the failure of some other method of contraception. Would you agree with that statement?

Dr. DAVIS. I certainly would. That is one way of looking at it.

Senator McINTYRE. To help me a little bit and to place the matter in sharper focus, could you outline for us here on the committee briefly the known risks and effectiveness of other methods of contraception as compared to the pill?

Dr. DAVIS. The answer to that question relates to the particular woman and her particular fertility, as you have indicated.

Senator McINTYRE. Let me interrupt, because I realized the chairman asked a question quite similar to this.

Dr. DAVIS. Yes.

Senator McINTYRE. And you started off by saying each individual case had to be pretty much judged on its own——

Dr. DAVIS. Correct.

Senator McINTYRE. Its own environment and background and so forth.

I was trying to get from you the percentage of effectiveness of pill versus the diaphragm and such other methods that you may know of that I am unaware of.

Dr. DAVIS. Surely.

I will rely on the 1969 Food and Drug Administration report, since this is a fairly representative and unbiased, presumably unbiased, judgment.

Their estimate, as I recall it, was that the combination type of pills in actual use-effectiveness (that is the woman was taking the pill to the best of her ability and had not discontinued the medication deliberately) had a failure rate of 0.7. That is nearly 1 percent.

Senator McINTYRE. What was that again?

Dr. DAVIS. 0.7 percent, according to the 1969 Food and Drug Administration report.

The sequential type of oral contraceptive was listed as having a failure rate of 1.2 percent in use effectiveness. So that they are roughly half as effective, presumably due to the omission of one or two tablets, but this is very hard to establish retrospectively.

Now, if you could get 1 million women to take the most effective oral contraceptives every single night at a precise time without ever being late to renew their prescription, without ever missing a single tablet or becoming confused in what they were doing, the theoretical effectiveness has been estimated by some people to reduce the risk of pregnancy to something in the range of 1 in 10,000.