

Dr. DAVIS. We have——
 Senator McINTYRE. IUD.

Dr. DAVIS. This is not a development of mine. We have been testing a whole series of intrauterine devices for the last 7 years and the particular device we have been using for the last 18 months has proven quite effective.

Senator McINTYRE. So you feel you can reconcile this statement as you have just indicated?

Dr. DAVIS. Indeed I do.

Senator McINTYRE. Now, Doctor, you have already touched on this with the chairman but I think it would be helpful to me and I think you can answer it very easily and very simply: You say that the pill should not be administered without the informed consent of the women who are to receive it? Do you think that we, in this committee, can rely on the medical profession to fully inform women about the known and potential dangers of the pill or should such information be brought directly to the attention of women through labeling on the package or some other device?

Dr. DAVIS. I think that some alteration in the type of movies and brochures and package labeling should be carried out particularly with respect to specific contraindications and I think this is one of the areas where official policy, as Dr. Ley had indicated, should be altered.

Senator McINTYRE. Then, in answer to that, you don't feel that we would be safe in relying completely on the medical profession to give this information to the women?

Dr. DAVIS. Well, you see there are divided opinions in medicine. As a matter of fact, you could extend that by saying that the information supplied to physicians in this country has as of this moment not been wholly adequate. Physicians in this country, gynecologists in this country, do not routinely subscribe to the British Medical Journal. They do not routinely read Lancet. These people are busy. They read the brochures and information that the drug house tends to pump into them, I am sorry to say, but that is the reality of the situation, and many of the physicians practicing in good conscience and in good faith are not fully informed about some of these rather complex questions. And the nature of the publishing business is such that the text books tend to keep repeating what was thought to be true 3 or 4 years ago. We are not as up to date in our attitude toward some of these problems as we should be. So even the physician is not fully informed, I would say.

Senator McINTYRE. Although, Doctor, you do not advocate removing the birth control pills from the market, you do suggest that use of the sequential types and those containing more than 0.05 milligrams estrogen be eliminated. Do you think, Doctor, that these types of pills should be removed from the market?

Dr. DAVIS. I think there are precedents to handle this problem without actually removing them from the market.

The drug Chloromycetin, for example, which is a very valuable agent for treatment of certain infections, represents such a precedent.

Now, the labeling on that to the physician very clearly states that this drug should not be used when other alternatives are available. That is the essence of what it says, and I think perhaps there are some women who need to be given a higher dose preparation because of