

it. It is the only one that is given for theoretically not a disease, unless you consider pregnancy to be a disease and you wanted to prevent it, and I would not buy that.

But, in any event, whenever a patient goes to a physician with an illness and he prescribes a medication for her, she usually does not say, "Give me all the data on this and give me all the contraindications and the adverse effects." She respects his opinion. She goes to him as the adviser, as the consultant.

He makes the diagnosis and he says, "Now, this is what I think you should take," and she does not question it.

Now, it may be that with the pill being so different that legally there should be—and particularly on the evidence that has been presented—that more information should be provided before consent was granted, I do not know. I will have to leave that up to the legal experts.

I mean, you talk about diabetes, I do not want to go into the details, but in a recent report of Spellacy—I suppose you are going to go into lipid levels later; but there is one point that I would like to make about these other studies, particularly in diabetes. In one, the blood glucose was significantly elevated after 24 months of drug use. But there were no significant drug influences after 36 months of treatment—the blood glucose was then normal.

How do we know that the changes that are occurring that have been described are not temporary ones, not necessarily bad or lethal, but that the body needs a temporary period of adjustment—homeostasis—until the readjustment occurs.

Mr. DUFFY. Well, Doctor, I appreciate what you are telling me, but the thrust of my question is essentially this: now, how do we establish to a certainty that the risk of diabetes associated with the pill is such a risk that one may not use the pill unless they have freely and with full knowledge accepted that risk?

Dr. KISTNER. You cannot do it until you have evidence in prospective studies showing in certain groups of patients that it should not be given, that is all.

Mr. DUFFY. Is it your testimony that no such studies exist at this time?

Dr. KISTNER. Yes, prospective studies.

Mr. DUFFY. Thank you, Doctor.

Senator McINTYRE. Doctor, your book was published some time in 1968. Is there anything in your book that you would now like to change in view of any developments since its publication?

Dr. KISTNER. I have not read it recently; there might be. I have not read it since I wrote it, so I cannot tell you the answer to that. Probably there are. I think there have been some changes recently. I mean, I wrote it 2 years before it was published.

Senator McINTYRE. Thank you, Doctor.

Senator NELSON. I might say I read it recently and, in fact, in the book you said yourself things are changing rapidly, and by the time it is published there may be better information that should be put in the book.

Dr. KISTNER. Thank you.

Senator NELSON. Thank you, Doctor, for your testimony and for your taking the time to come here today, and we appreciate it very much.