

At the same time, this would remove, for instance, the young bride whose fertility has not been established, as Dr. Whitelaw spoke of yesterday. That would be one group that would be eliminated by this recommendation. That is not an insubstantial group. I understand something like 7 or 8 percent of marriages are sterile for one reason or another.

If that particular young bride takes the pill she has no possible chance of gaining. She has made a bad bet. She has nothing to gain because fertility has not been established.

We are in fact talking more of birth spacing.

Senator McINTYRE. Go ahead, finish your answer.

Dr. KASSOUF. This is the group who have not completed their family. I think birth spacing is, perhaps, more apropos than birth control, and to achieve birth spacing we have methods that are 90, 95, 98 percent effective and carry no risk.

If they need the high-level effectiveness of the pill, and another child would be a catastrophe, I think I might go along with that. I do not prescribe the pill. These are some of my suggestions as a pillwatcher.

Senator McINTYRE. As a practicing physician, in your opinion, for a woman who has definitely decided that she has completed her family, would it not, perhaps, be safer to undergo sterilization than to continue taking the pill for the remainder of her fertile years, in your opinion?

Dr. KASSOUF. In my opinion, I would do certainly something else. Either an IUD or perhaps consider sterilization of the woman or husband. That is more reasonable than taking these hormones, let us say, for the next 20, 25 years.

Senator McINTYRE. I take it, Doctor, from your statement and your testimony here, that you are most unhappy about the way the pill has been handled by the FDA, by the pharmaceutical industry and by the medical profession itself; is that right?

Dr. KASSOUF. I think the record shows that. It is 9 years since we have come in with the demonstration of risk. The question arose in 1962 but not answered till 1969, and the British got there ahead of us. I think there are a lot of questions as to how did it all happen that way.

Senator McINTYRE. And lastly, Doctor, you say in your last sentence that while further studies of the pill are being conducted total exposure to these drugs should be reduced by not recommending the pill for women who have not completed their families.

How could this reduction be accomplished, and if such a recommendation were placed in the labeling for the pill, do you think most physicians would abide by it?

Dr. KASSOUF. I think they very well may. We follow recommendations in regard to other drugs. One that comes to mind, for instance, is Indocin. I believe under indications, there is a full discussion. I cannot quote it, exactly but it is suggested the patient should probably be treated by aspirin, by physiotherapy before using this powerful drug. No such discussion appears on the pill labeling under indications. I think it says something to the effect, for fertility control or ovulation control, period.

I think if there were a discussion physicians would have to think about it. In fact, there might be a legal question if the pill is the first