Professor Wynn is going to give you some information. But here again, when you come down to the question, has this clinical implication, I think he and I would both agree that we do not have the scientific data necessary to establish this at the present time. That does not mean we are not going to have it.

Senator DOLE. Do you see anything replacing the pill?

Dr. HELLMAN. This is a most difficult question. I do not think that contraceptive research is going to get you an answer the way the Manhattan project got the answer to the atom bomb. It is just not quite that simple and the basic knowledge is not here.

I think that we can expect significant progress if we continue to put money into basic research in adequate amounts. We can get significant progress in the matter of 5 years. But if you are talking about tomorrow or the day after, or next week, I doubt it.

Senator DOLE. During this interim period and as of now, there is no reason not to prescribe the pill?

Dr. HELLMAN. Under the terms the committee wrote, under surveillance and with knowledge by the patient and discussion with the patient, I would say there is no reason not to prescribe the pill.

Senator NELSON. I would not want my question to indicate that I thought the pill was unsafe, under the meaning of the law. I think under the meaning of the law in the current use of drugs and current terms of the law under which we do prescribe drugs, the pill may be safe for some uses. We get into a difficult question, however, where you have a well-motivated person, an educated, middle-class woman who could just as well use another device, who uses the pill solely for convenience—solely for convenience. If convenience is the sole reason for use of the pill, then you get into another area as to whether it is safe under that circumstance.

In the situation that you talked about, a person who is not well motivated, where it would be disastrous to her psychologically or physically to have another baby, then it is probably within the definition of safety. It poses a different kind of safety issue vis-a-vis other prescription drugs; does it not?

Dr. HELLMAN. Yes, it does, and I think, Senator, you and I are saying the same thing. In a discussion with the patient, all of these factors come out plus a lot you have not mentioned.

Senator DOLE. Have you had instances yourself where you have advised against using the pill?

Dr. HELLMAN. Oh, yes, certainly.

Senator DOLE. Any percentage of the number of patients you see?

Dr. HELLMAN. I would think that my private practice is so small that it really does not provide a significant answer. But I think that 55–40 percent ratio of IUD to the pill in our clinic really reflects a desire on the part of the people who work in this clinic to use the pill where it ought to be used.

Senator DOLE. Do you think we are making any progress in determining what risk the patient would incur in using the pill?

Dr. HELLMAN. Well, yes. I think we are making progress in the two areas where we have to make progress; that is, with metabolic effects—the amount of research I do not have data for you on, and I am sorry. It is easy enough to get. But the amount of research