careful and well intentioned will, in 10 or 20 minutes, so well orient that individual so that she can now make a truly informed decision for herself?

On occasion I have had patients who have discussed with me the various methods of contraception and then came back with PDR in their hand, and quizzed me about the side effects of the pill like a trial attorney. Such a patient needs, and deserves, every bit of cooperation and information the physician can give her, so that she can make a psychologically and intellectually acceptable decision.

But how many women like this do you suppose there are? Many women have heard that the pill is the most reliable of all contraceptives, and they want to be certain as possible that they do not get pregnant, and that is all they are interested in. Is the doctor serving her best by trotting out a long list of statistical uncertainties, and making her anxious about a course of action she is already content to take?

There are other women, on or off the pill, who have been frightened by misinformation and distortion of facts. They deserve to have all the information they can understand and utilize. Unfortunately, few physicians have the power of communication, as well as the exact information, to carry out this task as well as one would wish.

Finally, we must recognize that there are vast numbers of women who simply do not have inquiring minds like those that fill this room, and do not have enough education to comprehend much more than the simplest facts of biology. A misguided effort to "inform" such women leads only to anxiety on their part, and loss of confidence in their physician. They did not come for a lecture on statistics; they came for help in not having the 10th baby. The doctor is the man who is supposed to know such things, and they want him to tell them what to do, not to confuse them by asking them to make decisions beyond their comprehension. The sound physician, by judicious questioning, can determine which contraceptive method is most likely to be acceptable and effective in that particular woman. This is the prime consideration. Then it remains to be determined if there are any medical contraindications to that particular method, and we have discussed this at great length. But the idea of informing such a woman is not possible. It depends on the woman herself. It depends on her socioeconomic status. It depends on her education. It depends on her cultural pattern.

One final point I would like to address myself to, and that is the question of who should give the information to the inquiring woman? To make this point briefly: I feel, as a practicing physician, that it is my responsibility and all other physicians' responsibility. If a doctor wishes to use teaching aids in the form of pharmaceutical pamphlets, charts, sketches he makes on his prescription pad, so long as he gets the message across, this is the important thing. In no way can that responsibility be delegated to anyone else.

Finally, I want to comment on the package insert as a source of the information. I have been present at negotiations with the FDA, where the wording and the phraseology of these package inserts was worked on. I do not feel, as a scientist, that the wording of these inserts is intended basically and exclusively to inform the physician; it is in reality a compromise, an armed truce between the lawyers of the pharmaceutical companies who want to stay out of lawsuits, and the