to go motorboating. When father buys an outboard motor boat, he introduces a risk of death into the family which is ten times greater than that claimed as the risk of mother taking the Pill. It seems quite evident, that in our daily lives we knowingly elect to take far greater risks than that attributed to the Pill.

Still, when all is said and done, a finite risk may well exist. Who has the right to make the decision that some particular human being should or should not take this risk, no matter how small? This leads to our next important point.

Question 5. Should women be given information regarding the risks of the pill so that they can make their own decision?

Answer: In theory, yes; in practice, it depends.

Human beings are generally not impersonal decision-making machines. Emotions tend to color thinking, especially when life or safety is at stake. Thus there are innumerable sayings like "The doctor who treats himself has a fool for a patient". How coolly and objectively can a woman or her husband weigh information if they know that there is a risk of life or death—no matter how small—involved in the decision?

Aside from all emotion, making a sound decision requires having the necessary information and being able to evaluate this information correctly. It is certain that these Senate hearings have produced one piece of information about which no one can quarrel: that even the experts on this subject disagree as to the evaluation and interpretation of the available facts. These experts have years and years of education and training—more than a high school degree, more than a college diploma, more even than the degree of doctor of medicine. For some are specialists in clinical investigation, biology, or statistics. Literally centuries of experience have paraded before this committee—and there is no consensus among the experts. Is it then reasonable to suppose that a discussion between a physician and his patient, no matter how careful and well-intentioned, will, in 10 or 20 minutes so well inform the patient that she can now make a truly informed decision for herself?

On occasion I have had patients who discussed with me the various methods of contraception and then came back at a subsequent visit with the PDR in hand, and quizzed me about 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 as certain as possible that they do not get pregnant, and that's that. 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 with?

There are still other women, on or off the Pill, who have been frightened by the misinformation and distortions of the lay press. They deserve to have all the information they can understand and utilize. Unfortunately, few physicians have the powers 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 more babies. 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 a particular woman. This is the prime consideration. Then it remains to be determined if there are any medical contraindications to that particular method. But the idea of "informing" such a woman, so that she can make her own "informed" decision is pure nonsense that only a philosopher, an ivory-tower academician or a lawyer can dream up. In short, there is no general, dogmatic answer to the original question. *It all depends on the woman herself.*

Question 6. Who should give information to inquiring women?

Answer: Their physician, and no one else.

There are overwhelming reasons why this should be so. In the first place, it is by no means certain that a particular woman should use the Pill in preference to some other contraceptive device. If she is the type of person who cannot be