

Senator Dole?

Senator DOLE. Thank you, Mr. Chairman. I have only a few questions. I regret my absence, but we were doing something in Agriculture which required my presence.

First of all, I note in your statement you had widespread experience in the research and clinical fields. I wonder how extensive this has been. Have you had a chance to observe side effects, if any, that are caused by the use of the pill?

How many patients have you had, how many people have you seen?

Dr. GOLDZIEHER. I cannot give you any estimate as to the number of private patients with whom I have worked on the problem of contraception.

I can tell you that in our research clinic, which I monitor constantly with Dr. Moses, who is the immediate chief, and where we analyze all these statistics and all the side effects every month, we started since November 1958 and now have 3,500 monitored patients and over 100,000 cycles of experience.

I have been consultant monitor for collaborative clinical trials; just to mention one: we have over 350,000 cycles of experience. The computer printouts are made available to me every time a new run is made. I am asked then to comment on the statistical analysis.

I have also collaborated on other smaller trials, most of which have been published, and as I think I pointed out on page 1, since we first started publishing in 1960, there are approximately 62 publications from our group in the literature on this subject of oral contraceptives.

Senator DOLE. I think the thing that concerns me, and I am certain other members of the committee, I have heard witnesses today with divergent views.

I read your testimony. Then I look back at the testimony of Dr. Williams. I am just wondering what we can expect, how we can expect the American female to react after reading both your statement and his statement. I mean, they are almost as far apart as you may go. How do we properly inform the American public when we have such divergent views?

Dr. GOLDZIEHER. Senator, I think this is the crucial question in this whole matter, and the factors that we must recognize are these:

Since the best medical judgment available today cannot agree either on the existence of some of the risks or on the magnitude of the admitted risks, we cannot falsely alarm the American woman.

On the other hand, it is incumbent on us not to falsely reassure her that she can really go on forever taking the pill.

As I tried to point out in my testimony, the answer is one of perspective. What are her alternatives in making her individual decision? To me the crux of the matter, the unacceptable alternative, is the higher failure rate with other contraceptives. I cannot fathom how Dr. Hellman or others have said that obstetrical deaths are probably irrelevant. I find it very difficult to swallow the fact that dead women are irrelevant. I find criminal abortions very relevant. I find unwanted babies very relevant. And until somebody can show me that for a particular woman I have not prescribed what in my best judgment is the best contraceptive method, I must stand on my position.

Senator DOLE. On that basis, then, do you foresee something replacing the pill or an improvement in the pill? There is not absolute safety