

pills than when I am speaking to indigent patients. I think this is fair. The indigent patient has circumstances and situations such that I think if one considers the overall risk involved, the choice of contraceptives as compared with the risks of pregnancy puts that individual in a separate category. From the standpoint of attempting to determine medical complications on a medical background, I think that the physicians should be cautious and concerned about relatively infrequent complications unless the situation justifies the use of this specific medication.

Senator NELSON. Well, you referred to indigent patients. Of course, I think you would agree that there is as high a percentage of indigents with the capacity to understand as well as those who inherited some money. If a person could understand, would you consider it a responsibility of the physician to explain the various alternative methods of contraception and the risks that are involved in each, and the side effects that may occur from each of them, including the oral contraceptives?

Dr. MCCAIN. I think that there are limits. I was speaking of the indigent as one particular group. Obviously, there is no real group. Obviously, there are individuals in all economic walks of life for whom this can fairly apply as well. But there are social, I suppose, would be maybe a better word—there are social areas in which one can anticipate that contraceptives of a mechanical nature can be, will be utilized inadequately by a husband or by a wife or by both. For that reason, then, one is not saying that the oral contraceptive is more dangerous than the mechanical method of contraception. One has to compare the risks of the oral contraceptive against the unwanted pregnancies that will occur if that mechanical method is not uniformly employed.

Senator NELSON. What I am getting at is should the user be told anything?

Dr. MCCAIN. Yes, I think so. But the point that I was trying to make is how much should one tell? Now, you see, I am enthusiastic again for the mechanical methods of contraception. I enjoy teaching. To me, I consider it somewhat of a challenge to be able to present the advantages of the mechanical methods of contraception. The actual number of patients for whom I prescribe the oral contraceptives initially is about three tenths of 1 percent of my gynecological practice. I do prescribe it, as I have indicated here. With the information that I give, the motivation which I would hope I could stimulate within the patients whom I treat, they can utilize the mechanical methods very effectively. From the standpoint of other physicians who do not have this motivation that I might feel with regard to the field, I do not believe, as I have indicated, that they will effectively motivate their patients. As to where one draws the line, there is the responsibility for information for the patient, there is the responsibility on the doctor for the outcome of unwanted pregnancies and all that they carry for the physicians.

As to where one draws the line, it is a responsibility. It is a most difficult responsibility as far as the—I am speaking as the clinician, the person who is a clinician. For the person who is caring for the individual patient, it is a most difficult responsibility for the care of the individual patient as to what can be done.