

Dr. McCAIN. Well, I mean I could, but it is not feasible to disagree with the director in such as that, because complications might happen and you would be in a very difficult position to say I am disagreeing with the statement that has come out in that manner.

But from the standpoint, you say, of full disclosure—what's meant by full disclosure? This is where I initiated my comments at the onset. What is meant by full disclosure? How full does it have to be to be classified as full disclosure?

Actually, if you took one single complication and really gave full disclosure, this would involve the essentials of a course in medicine and of a residency training and of the experience, in my case, of some 25 years of practice.

Senator NELSON. Do you think that is what Dr. Edwards meant?

Dr. McCAIN. I don't think so. But the interpretation is what does "full" mean? I think I might, and I do go into considerable detail as I talk with the individual patient that I see. But from the standpoint of how full it is going to be with actual use of these preparations and the large number of the patients that are being seen by family planning that is involved, this is where the difficulty arises.

Senator NELSON. I am satisfied that you conscientiously go into great detail. Your statistics on your patients run counter to all the rest. I think there are about 8½ million on the pill and about one million on the IUD. Interestingly enough, in Dr. Hellman's clinic—Dr. Hellman was chairman of the FDA's Advisory Committee on Obstetrics and Gynecology—around 55 percent use the IUD and about 40 percent use the pill, which indicates that some educational process is going on.

I happen to be very concerned and would endorse the statement you made about population. I think the most critical matter facing humankind is the overpopulation of the planet. I have friends who feel that way and think, therefore, you had better not tell anybody about the side effects because one of the benefits of the risk-benefit ratio includes the question of overpopulating the planet. I have never understood that to be the responsibility of the physician, to make a sacrifice of a patient for purposes of some wider sociological gain. But this is the attitude of many people who have talked to me, including many of the doctors that I have talked to. Their position is that disclosing the concern of the profession and the facts about the pill threatens the cause of birth control and limitations in population growth. They apparently feel, and some of them have in fact conceded to playing the part of "Big Brother" to all the rest of the women in the world. They conclude that population control is so important that no one should be informed about the pill for fear they will not use it. I think that is a very dangerous posture to assume and defend. But that is the position that many of them do take.

Let me ask you this question: It has been suggested by Dr. Ley. I think it is under consideration by the Food and Drug Administration now. It has been suggested by a number of witnesses here and elsewhere that there ought to be some informative, understandable piece of literature inserted in the package that the user gets, which is simple and direct and indicates circumstances under which they