Dr. CONNELL. I think this is quite correct. I think there are many programs that many of us would like very much to do but they would take additional funds. I think the problems have been made very clear, the enormity of the study, the enormity of the problem, and what one would have to do to get some answers to these questions. I think this has been testified to many times here.

We do not know all the answers we need to know, and we need support to find them.

Senator NELSON. I was just interested in ascertaining whether your statement meant that we have all the money that we need?

Dr. CONNELL. No. I meant that what we have is inadequate.

Before I leave this topic, I would like to emphasize three points, all made before by others.

First, with the single major exception of thromboembolic disease, there has been no proven relationship between any of the alterations reported here and the production of permanent damage.

Second, it has been repeatedly pointed out that most of these changes are either preventable or are detectable with good medical care, and usually disappear after cessation of treatment. Thus, even the accepted complications might be decreased with an acceleration of research and an augmentation of services.

Third, one of the stated aims of these hearings has been to determine the current level of patient training and information, and to find out whether those women who elect to use the pill do so with full knowledge of possible side effects. As both a clinician and a researcher, I see many problems in this area. There is absolutely no question in my mind that as substantiated data on adverse reactions become available, they should be communicated to patients.

However, to present the list of possible side effects as outlined in the present package insert to the average patient would serve no useful purpose, and would have many foreseeable and disastrous effects. We have been told here that almost all of these are still conjecture, not proven fact.

A patient cannot reasonably be expected to make a profound professional judgment—she is not a doctor. We have seen that even individuals with wide knowledge and experience are in disagreement. How can we ask or expect informed decisionmaking from these women based on such debatable information?

Senator NELSON. May I ask a question?

Dr. CONNELL. Yes.

Senator NELSON. On page 10 of your statement, you say criticism was leveled here at such clinics, saying that patients were not offered free choice of methods, that they were not told about possible side effects, were not warned to return immediately if certain untoward symptoms occurred, and that the followup care was inadequate.

I take it you are saying here that in your clinic, all these things are done? That is, that the patients are warned of possible side effects, warned to return immediately if certain untoward symptoms occur?

Dr. CONNELL. I think I speak for more than my clinic. As I mentioned here, I am a consultant to many of the major clinics in New York City. Therefore, I am involved in the training and supervision