

of personnel. I supervise and approve the written material which is given to patients. Therefore, I think I can speak with a certain amount of concrete objectivity about what is actually told to patients, what is actually given to patients, what they are informed of, what they are told to watch for. I also know about the availability of personnel, to answer questions in person or by telephone, bilingual personnel in our situation because of our very large Puerto Rican population.

I think I can speak of my own knowledge of a large segment of New York City clinic populations. I believe that the vast preponderance of these women are informed in a way that most people would find quite satisfactory.

Senator NELSON. I was not referring to that. It seemed to me to be somewhat in conflict with what you are saying on page 14. You say on page 10 that the patients are offered a free choice of methods, that they are told of the possible side effects, that they are warned to return immediately if certain untoward symptoms occurred.

Then over here on page 14, you seem to be saying, to present a list of side effects, possible side effects, as outlined, and so forth, would not serve any purpose.

Tell me specifically, what you do tell them about side effects. What untoward symptoms could occur? What physiological upsets do you advise them of? Under what conditions should the patient call you?

Dr. CONNELL. Our personnel are trained to tell them that there is concrete evidence that in a small percentage of patients there is a causal relationship between the existing oral contraceptives and thromboembolic disease. I think the majority of physicians will agree that this is accepted fact.

I think that this fact has been clearly brought forth here. I think that above and beyond this, it has not been clarified here, or in any medical meeting which I have attended, that there is a scientifically proven and accepted cause and effect relationship in any other area.

There are certain symptoms, certain signs, which I think are warning signals. These have also been mentioned here.

This is the sort of thing I think you should tell a normal, healthy patient. You do not tell her that she has a very statistically small chance of getting diabetes or of getting a variety of other things. I think it is unfair to produce fears in patients when we do not know whether these factors are true or not.

If she has a swollen leg, if she develops a fever, if she has chest pains, if her varicosities get worse—these are the things we should and do tell the patient.

I certainly do not think every patient should take the pill. One of my immediate family called me at midnight last year and described symptoms she had developed while taking an oral contraceptive. I told her that she should immediately stop her pills. She is one of the small percentage of women, I feel, who should not take the pill.

Senator NELSON. Just to get this straight, you say on page 10 that you tell them of the possible side effects. You cite one, thromboembolism. Is that the only side effect you tell them about?

Dr. CONNELL. No. As I said, we tell them certain symptomatic