the IUD's, and in the course of this, there were deaths reported. So I think this is on a reasonably good statistical basis.

These problems do exist. They are in print, and have been, again, for quite some time.

Senator JAVITS. Now, you have made your decision. Your decision is to continue to prescribe the pill.

Dr. CONNELL. Properly, for the correct patient, yes.

Senator JAVITS. Unless you have an affirmative belief that it would be deleterious in a given case.

Dr. CONNELL. And this exists. As I have said, there is no question that not everybody can take the pill.

Senator JAVITS. Have you learned more as a doctor as a result of these hearings about deleterious effects? In other words, have these hearings contributed to your education as a doctor?

Dr. CONNELL. No, because we are exploring a field in which I talk, I write, and I read extensively. No, I cannot honestly say that I have learned anything.

Senator JAVITS. Is there anything that you have learned new?

Dr. CONNELL. There has been no major new medical evidence that I am aware of that has been presented thus far.

Senator JAVITS. On this question of balance, about which you have testified, is it not a fact that no matter what the committee did, the sensational testimony would get the headline? In other words, the testimony, the fact that it is bad rather than good, would get the headline; is that not true?

Dr. CONNELL. Again, I am not being critical of the fact that there has been honest publication of the data that were presented here. I am simply talking, as a doctor, of the overall effect. I think this is above question.

Senator JAVITS. Well, I shall not ask you about your opinion as to how we could have done it better. But I gather from what you say at the bottom of page 12 that we might have done it better. What you say at the bottom of page 12 is:

> Thirdly, 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 that as substantial data on adverse reactions becomes available, it 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. First of all, we have been told here that almost all of these are still conjecture, not proven fact. Secondly, a patient cannot reasonably be expected to make a profound judgment—she is not a doctor. We have seen that even those with wide knowledge and experience are in disagreement—how can we ask or expect informed decision making from these women based on such dubious information?

Now, what else could we do to meet this problem? What else could we have done once we went into the subject, assuming we decided to do it, other than what we did? As Senator Dole says, do you think we should have had hearings in executive session—in other words a nonpublic hearing—and issue a report or something like that? What do you think we could have done to avoid what you consider the unfortunate effects?

Dr. CONNELL. I am not sure you could have avoided it under any