

I think it is better if it is made on the basis of a doctor-patient relationship rather than on a Senator-patient relationship. I do not know if you can blame all these babies that are born on the members of the committee or not.

Dr. CONNELL. Perhaps all of us have to accept a portion of the blame for the unfortunate events which are producing these babies.

Senator DOLE. I do appreciate your testimony.

As Senator Javits and Senator Nelson have pointed out, you have been most helpful.

Dr. CONNELL. Thank you.

Senator DOLE (presiding). The next witness is Dr. Kenneth Ryan, chairman, Department of Reproductive Biology, Case Western Reserve University, Cleveland, Ohio.

Dr. Ryan, you can either read your statement in its entirety or summarize. It will all be made a part of the record. Proceed in any way you wish.

I apologize for the lateness of the hour, but we have had some interruptions on the floor.

STATEMENT OF DR. KENNETH J. RYAN, CHAIRMAN, DEPARTMENT OF REPRODUCTIVE BIOLOGY, CASE WESTERN RESERVE UNIVERSITY, CLEVELAND, OHIO

Dr. RYAN. Thank you very much, Senator Dole. If I may, I would like to read my presentation. It is quite concise and it says exactly what I want to express.

Senator DOLE. Mr. Gordon may have questions during the reading of your statement or I may have questions.

Dr. RYAN. Thank you.

I would like to preface this by saying by way of basis or qualification for testifying before the committee that I have had 20 years of experience in research as a steroid chemist. We have known about these hormones for only 40 years. In addition to that, I do participate in the practice of medicine. I am neither an unrestrained advocate nor an unqualified critic of oral contraceptive medication. It seems to me we have just heard that in the previous testimony. As with all medical therapy, the advantages of curing or preventing the disease should outweigh the risks of the drug used. It is no better to cure an ailment and then lose the patient from a toxic medicine than to have a patient die without treatment or the wrong form of therapy. With the pill, the object of therapy is pregnancy prevention. Fortunately, the risks to life and limb from both disease and drug are low. Pregnancy is supposedly a physiological or normal process but carries a 0.04-percent mortality rate. An unwanted pregnancy is a recognized "disease" state with additional challenges to life, health of the mother, to her psyche and society. The pill has acknowledged hazards and its effectiveness in preventing pregnancy must be balanced against safer, less reliable means of family planning and pregnancy itself. The relative risks are calculable for groups of people but unfortunately not for the individual patient trying to make up her mind which course to follow.

The patient can make decisions only with adequate information