else that we need more research into the biological effects of these agents and certainly more research to develop alternate methods of fertility control.

In the meantime, the patient and her physician are left in a quandary and still must make the right decisions with insufficient information. For the patient who desires family planning and cannot or will not use other methods, the pill still offers a healthy 15-to-1 odds advantage over pregnancy mortality risks which are already quite low. At the present time, there is actually little more which can be said.

Senator DOLE. Dr. Ryan, thank you very much. First of all, in the statements you make based on personal observation, based on your own practice, and again, knowing that numbers are not solely meaningful, how many patients have you had over the years?

Dr. RYAN. Well, I have a limited personal private practice, but I am director of one of the largest hospitals in the State of Ohio that has a large indigent patient population and a large private practice population, so vicariously, I would say my patient experience is quite large. I also participate as much as I can in the planned parenthood groups within the City of Cleveland, so again the experience is quite large, though not all of it is personal in the rendering of care to individual patients.

Senator DOLE. Then in your own experience, direct and indirect, you pointed out at least some areas of possible danger. I assume that there are persons you would not recommend use of the pill to and probably others, as Dr. Connell has stated, that once they have taken the pill, they can be taken off the pill because of something that may develop.

We had testimony earlier this morning of 16 different major symptoms from taking the pill. You mentioned that perhaps one area where we needed more information was knowledge provided to the patient. You are not just suggesting that you give the patient a laundry list with each pill prescription of all the things that might possibly happen?

Dr. Connell indicated earlier that maybe if they were advised in writing or maybe orally, but not given every possibility that might happen.

Do you share generally this view?

Dr. RYAN. We are treading on very, very narrow ground when we determine how much information to give our patients. I think they should be informed as much as possible, because they in fact are the ones that are taking the risk.

Senator DOLE. Does that mean to say in a printed circular, "this may cause thromboembolism," would not be meaningful to most patients? You may as well recite a nursery rhyme as far as the message he receives?

Dr. RYAN. This is right. I think the patient should receive not only written information which she can read, she should receive interpretation of this by her physician, and she should receive, as Dr. Connell already mentioned, careful follow-up, because you do not give medication to a patient and let her turn to her own devices and ask her a year later what you said or gave to her in a written