presentation. I think from the questions we ask of our patient, they know what we are after, when we ask have you had headaches, have you noted these symptoms or those—the patient very quickly learns the areas of consideration to us. I think it is important to inform the patients. I do not want to be privy to information that the drug was potentially harmful and not disclose as much of this information to the patient as possible in a meaningful way without frightening the patient, and not with minutiae. But we don't very often tell the patient when we give an injection of penicillin that they may drop dead from an anaphylactic reaction. Nor should we. We as physicians know this occurs, we know as physicians that the patient should be asked if he is sensitive to the drug.

I think an apparent analogy could be made to the pill. We know those signs, symptoms, complications of the pill which are apt to be most serious and for which the patient is taking the greatest risk. The patient should be informed about these.

Senator DOLE. As I understand, in some of the clinics and some of the planned parenthood groups, the information is disseminated on an informal basis, in a group-like atmosphere, of perhaps 30, 40, 50 or more women, where the pill is discussed. It is not all done on a person-to-person basis, is it?

Dr. RYAN. It is done in two ways ordinarily. It is done very often in group indoctrination and then on a one-to-one relationship thereafter, or in combination with the group—sometimes with film, sometimes with strip films and so on—to introduce the patient to just exactly what's going on in relationship to their bodies, to the types of medication which are available, to the types of family planning which are available.

Senator DOLE. Do you have any questions?

Mr. GORDON. Am I correct that you prescribe the pill for those patients who, one, desire it for family planning, and, two, who cannot or will not use other methods?

Dr. RYAN. Yes.

Mr. GORDON. Am I correct in assuming that if the patient is willing or is able to use other methods, you do not as a general rule prescribe the pill?

Dr. RYAN. I hate to make generalities. I think that the only other method which I would customarily discuss with the patient on a parity with the pill, based on a patient's motivation, would be the diaphragm.

Mr. GORDON. But if the motivation is there?

Dr. RYAN. If the motivation is there, I think it is a reasonable approach, and certainly safer. I know of no complications from that form of family planning. I don't think anyone would quarrel with that.

Senator DOLE. Have you noticed any change in the pill habits of your patients because of the wisdom emanating from this committee?

Dr. RYAN. Again, just from personal experience, when I go down to the lunch room in the hospital now, physicians stop over and say, what do you think we ought do? What's your latest feeling on the pill. I have had several patients call up and ask about the cancer