But in taking all of these other factors into consideration would have a bearing on the method that the patient chooses, I act to emphasize only those things which I feel are of personal, immediate importance to her. Therefore, I can say that rarely would I go down a list of potential hazards if I am not prepared to state that they are terribly important to her at the moment.

Senator NELSON. What do you think the user ought to be advised about the symptoms that may demonstrate problems, then or later?

Dr. LANE. Certainly I think she should know what the most common symptoms are of thrombophlebitis. This we not only tell her, but we list as part of our information that we give her in writing. I think also that she should be told about migraine headache, either the occurrence for the first time or an increase in the severity of it or frequency of it.

As I previously said, aside from the usual things that a patient just going on the pill will be concerned about, such as nausea, perhaps, mild headaches, perhaps, fatigue, mild depression—this sort of thing—then I do not go any deeper unless there is a particular reason for doing so.

Senator NELSON. You do advise them about mild depression and fatigue?

Dr. LANE. Yes.

Senator NELSON. And that under those circumstances, they ought to consult you?

Dr. LANE. Well, of course, we tell our patients in general that if anything at all occurs which they have not been familiar with before, to assume that it might have something to do with their contraceptive method and let us know about it so that we can be sure, and our patients do this.

Senator NELSON. How often do you require all patients on the pill to have a regular physical examination?

Dr. LANE. Absolutely we do. She gets an examination when she chooses her contraceptive method, no matter what it is. She is seen again, no matter what the method is, within a month to 6 weeks. Then, on the pill, she is seen every 4 to 6 months thereafter; usually every 6, but occasionally every 4.

Senator NELSON. Do you agree with the statement I read sometime back from the "Dear Doctor" letter of Dr. Edwards to all the physicians in the country, sent in January? It says:

> In most cases, a full disclosure of the potential adverse effects of these products would seem advisable, thus permitting the participation of the patient in the assessment of the risks associated with this method.

Dr. LANE. I agree with it in principle, and I think in principle, I do this. But I do not feel that it is practical to go down a list of vague complaints with a patient. I myself have noticed in practicing medicine that the more you suggest to a patient, the more she will turn up to complain about. People are suggestible beings.

I would like at this point—I think this is a good time to mention it—to say something about the statistics that Newsweek came up with with respect to the number of patients who say that they were no told anything with respect to side effects or possible hazards of the pill. You know, Senator Nelson, I just cannot accept that statis-