tic as gospel, because I have learned that patients frequently hear what they are prepared to hear, and they reject what thy are not prepared to accept. I can give you a very good example of this.

If there is anything that they are very, very careful about when we are informing patients about the IUD, it is that there is anywhere from a 2 to 3 percent risk of accidental pregnancies associated with the use of the IUD. We think that this is extremely important in order for them to decide whether or not they want to use it. We never omit this in our general lecture to the group of new patients or when the physician sees the patient personally or during the sign-out, the individual sign-out by the nurse. Yet so many times, when the patient does become pregnant, she has never heard that before—"no, you never told me that, or I never would have accepted this method in the first place."

Therefore, I cannot accept necessarily that two-thirds of those women really were not told anything about the possible side effects.

Senator NELSON. Then if that is the case, does that not make the reason all the more compelling that something should be given that is understandable to the patient?

Dr. LANE. On the——

Senator NELSON. If they cannot remember that they were told that, how can they remember, if they get a migraine headache which they might think is normal, how can they remember 2 or 3 years later to consult the doctor?

Dr. LANE. On the surface, this would seem very sensible. Yet I wonder how many of the patients would have this information at hand when they needed it? Our patients lose their appointment cards, they lose the telephone number of the clinic and the statement of clinic hours; they lose the thing that we write for them very diligently with respect to how to go about it when they call for supplies or to ask questions and so forth. We give them long, printed instructions. They are not tedious, but they are long, with respect to the use of every method that we give. They take home with them a copy of the instructions to keep, we do not care where—in their dresser drawer, on the bulletin board, anywhere. Yet how many times do patients call us or come back to the clinic and say, well, I had breakthrough bleeding on the pill, what do I do?

Or they come back and have omitted the pills because they had breakthrough bleeding and were anxious about it and did not take any more until they came. We say, well, where were your instructions? They were very clearly printed. The answer is, I don't know were they are.

Senator NELSON. Does not Dr. Ley's suggestion avoid all of that, which was to put those instructions in the pill package so that every 30 days, they have it when they open the package?

Dr. LANE. I do not think they will read the pill package. When they come back to us, we encourage them to make telephone calls if they have any problem at all. We encourage this. We tell them, we are going to follow you to the best of our ability and insofar as you will allow us to do so. So we pick up things when they come. When they come back to us—I really do not see any useful purpose, either—I might be anticipating your question, but I do not see any real