advantage in even at that time going down a series of possible symptoms, 25 or 50 or so, and saying, have you had in the past 6 months this, this, this, or this?

Now, we do this, mind you, in the running of our research studies for particular methods, because a pharmaceutical company has to have this information, the FDA has to have this information. But if it is not such a method, what is the purpose of doing all of this?

I think I get much more valuable and reliable information from the patient by saying to her in a warm, friendly manner, how are you feeling? How have you been getting along? Is the method still serving your purposes? Do you feel as though you have had any ill effects? And giving her time to answer these questions, rather than suggesting symptoms to her.

Senator NELSON. As I understand it, you are suggesting that many people will not remember what you tell them. Therefore, why tell them? Many people would not read the literature, so why put it in the package?

All I am saying is, I think there are a large number of very intelligent, conscientious women. Why should not those people have available in their hands the information that they themselves can make use of? Some percentage of people, not knowing what the medicine is, will look at it, some of them will not.

What I am puzzled about is why the resistance to putting the information where those people who want to use it can use it?

Dr. LANE. I am not resisting this at all, Senator Nelson. And I am not denying that most patients, when it comes to their own contraceptive care, are intelligent and conscientious. I think most of them are, and this cuts across all barriers of financial status, race, ethnic background, educational status, everything. I am not promoting the denial of important information to them, and I think we give them important information. But I see no reason to burden them when they are trying to make a choice between methods or when they have already chosen a method, which, from every standpoint, is going to be best for them, to burden them with symptoms which might suggest something nebulous going on which they are going to ask us about anyhow if they have any kind of rapport with us as a clinic or as a medical service. They do ask us.

Senator NELSON. But you are talking about a case situation where, if everything is perfect, as it may be in your clinic. What about the women who are told nothing? You say you do not believe they are not informed. Everybody seems to want to believe that part of Newsweek survey that they would like to believe. But let us assume that you are correct, that some people would not remember. Let us assume that two-thirds is a high figure. Let us say it is only one-third. Certainly the poll isn't totally incorrect. Certainly they do not all have very bad memories. One-third is a massive number. Should not there be something in the package that they get, since they are not getting it from their doctor and they are not going to a well-controlled clinic, such as you have. Many, many of them, in fact, are not going back for regular physical exams. Should not the literature say you should have an exam every 6 months at least?