questions cloud the horizon. We must not continue this policy of denying the American woman the inherent right to factually, complete information. We cannot compromise her ability to select optimum family planning measures according to her own individual circumstances and need—abortion after the fact is not a proper answer to the confusion created.

Senator DOLE. Dr. Peterson, first, we appreciate your statement and regret that you have had to wait so long.

First of all, do you feel through your contact with men in your specialty, and also general practitioners, that most physicians are aware of some of the side effects or complications caused by the pill, and relate them to their patients who take the pill.

Dr. PETERSON. I am not clear I understand your question.

Senator DOLE. Well, there has been at least some testimony that the pill is very casually given, and other witnesses have said doctors rarely explain the side effects.

Dr. PETERSON. I think by and large most physicians inform their patients of the advantages and the disadvantages of this method, and some of the problems that the patients may encounter. Nowadays, it is a rare patient that you can encounter that does not enumerate all of the dangers to you and ask you your opinion of every single one of them right down the line.

For instance, I had a premarital counseling a short time ago with a young lady and I spent 2 hours with her.

Senator DOLE. Dr. Guttmacher made the same observation, after reading all of the literature and after some discussion, the patient turns to the doctor and says, "Is it safe?

Dr. PETERSON. This is what the final analysis is, and this is what it boils down to, and the patient is with you as an individual. And I think this is the crux of the whole situation. Each patient is an individual, her needs are personal, and highly centralized in herself. And only the physician that attends to her is in the position to help her make the proper decision as to what is best for her.

Senator DOLE. That is right.

Dr. PETERSON. The pill may be best for Mary and the diaphragm may be best for Sally. And it is the doctor's position and prerogative to help them choose the best.

Senator DOLE. Do you have any record of maybe the number of patients you have seen about the pill and have told not to take the pill, and use some other device? Is it a high percentage, or do you have any idea?

Dr. PETERSON. Most of my personal patients that require contraceptive medication are on the pill. I think that there is an awful lot that has not been said about the pill to the American woman, to the family as a unit. If one has to get involved with mechanical measures they lose an awful lot of the closeness that comes in true love. To have to wait until the last minute and then get involved in the last minute preparations is detrimental to romance and the closeness of the family circle.

These are the problems that we see when we are seeing patients every day. It is very simple for a surgeon or an internist or a dermatologist or a public health officer to say the patient should not be