

Senator NELSON. Now, if the Veterans' Administration is going to let itself be pushed around because of an irrational prescription by an individual physician, who is to protect the taxpayer's dollar or, indeed, promote good medical practice?

Dr. WELLS. This is a very difficult question, sir, but we are in the position not infrequently of having to accede to the demands of the physicians and their judgment on their patient.

This is a tradition we must follow.

Senator NELSON. So what you are saying is, if an individual physician, against the expertise of the best pharmacologists and clinicians in the country, still insists on prescribing a drug, then you will spend the money and let him have the drug?

Dr. WELLS. On a limited basis, sir. I think we do everything we can to discourage that, but we, under pressure, I suspect would succumb.

Senator NELSON. Well, one of the largest purchases is Librium as a tranquilizer, and that is for about \$2.4 million. Is there any clinical evidence that those drugs are superior to barbiturates as an anxiety agent, superior to phenobarbital, for example?

Dr. WELLS. Very different from phenobarbital. I think we are talking about two entirely different classes here, and many physicians find they get much better results with Librium as a tranquilizer than they would with phenobarbital, and also it lacks some of the side effects of phenobarbital particularly, which has a cumulative depressant effect.

Senator NELSON. Well, the Medical Letter says both drugs are effective sedatives, but it is still not clear that they have any important advantage over barbiturates. Now, again, the cost of phenobarbital is 50 cents a thousand; Librium is \$43.50 a thousand, and Valium is \$53 a thousand. If there is no evidence that they have any advantage or any more effectiveness or advantage over barbiturates, why pay \$43.50 versus 50 cents?

Dr. WELLS. I think we are in an area here of very honest differences of opinion among physicians, pharmacologists, and people who study drugs, that we are talking about very different kinds of actions, and physicians at least have very definite opinions about the use of Librium versus phenobarbital.

Dr. HABER. Mr. Chairman, we have a great number of patients who come to us, highly sedated on barbiturates, particularly the aging patient who comes to the nursing home and the intermediate care facilities, and we find many of these people have been over-sedated for long periods of time on barbiturates.

In such cases, with the possibility of side reactions, particularly on the skin and other parts of the nervous system, we find that changing to the chlordiazepoxide or diazepam is frequently of much more use to the aging patient and helps to break the vicious cycle where he becomes more sedated and becomes more confusional and requires more sedation.

We find this particularly useful in the aging population, at least, on initial entry into our system.

Senator NELSON. Are these testimonials, or do you have some clinical studies which support what you just said?