Admiral ETTER. I think that here we did not ask for anything other than the fact that it had been found to be a drug which their physicians have preferred to prescribe over other types of antacids, or the physician's own particular desire in that regard. The patient's acceptance, the doctors being satisfied that this produces the desired results, all of these things enter into the use of these drugs at the local level when the drug is not standardized.

Senator NELSON. But if you do not evaluate it at the top level in terms of its comparative value for the purpose it is used, vis-a-vis all other antacids, vis-a-vis what is in the U.S. Pharmacopeia or the National Formulary—in neither of which this is listed—what, if any, justification do you demand of the service or the hospitals to demonstrate their need to have this brand name drug over and against what is listed in the official compendia of the United States?

Admiral ETTER. My only answer, sir, is that it had been found to be the drug of choice by the local practicing physicians and I do not think that we, sitting up in the Bureau level or top of the organization, have any way at all to evaluate the use of a drug in a field that the physician feels is the drug he wants to prescribe.

Senator NELSON. What qualification does the individual physician have to make a judgment that some particular brand name drug is superior and he would prefer using it rather than one listed in the official compendia of the United States?

Admiral ETTER. I think, primarily, this would result from patient acceptance, and the fact that it has been found to be effective in his hands.

Now, how he particularly picked this one over another one is up to the individual physician, and this is something which we certainly cannot control.

Senator NELSON. That is the question I am getting at. Why can you not control it? For example, you say it is up to the individual physician to decide. Well, I think everybody knows that regardless of how good a physician is, most of them are not qualified to make a judgment as to one antacid or one drug versus another because all he can do is give a testimonial. He does not have any clinical evidence or any controlled tests to demonstrate it. This is the reason that the profession, the medical profession, takes the position that there ought to be formularies established and that anybody who wants to use something outside the formulary should have some kind of justification.

What I am getting at is how do you avoid, then, the prescribing of drugs which are ineffective?

Admiral ETTER. Well, any drug which is used in our hospital system (and I think this applies to all three services), that is not on the standard list—the request for purchase of that drug must go to the pharmacy-therapeutic committee for approval.

Senator NELSON. Excuse me. Is this at the hospital?

Admiral ETTER. This is at the hospital level, sir.

Senator NELSON. Well, does each one of the military hospital installations have a therapeutics committee?

Admiral ETTER. They do, sir.

Senator NELSON. And does each hospital have a formulary?