Admiral ETTER. They do, sir.

Senator NELSON. And I will get to that later, but I am just curious to know how some of these drugs get on their formulary when all the medical experts—the best expertise in the country say—they are ineffective or at best not better than other drugs.

We had similar testimony from the Veterans' Administration, that they have to listen to what the individual doctor says. You have a situation, then, in which the military has the authority to follow the soundest conceivable prescribing practices and the power to establish the best formulary, with the guidance of the best medical experts in the United States but the Veterans' Administration position was, "yes, but we have to do what the individual doctor says" and I understand that to be your response also.

Admiral ETTER. That is, sir, and I would like to have one more comment on that, Senator. Then I want to toss this one over to Colonel Fairchild.

I think that this is very pertinent to the issue today. As you well know, the military medical services are all having a desperate time keeping enough qualified physicians in the hard core of the services to practice medicine. As a result, we try to do everything we can to make service life just as attractive, and as professionally rewarding to them as we possibly can, particularly when young doctors first come into the service. One of the first things that can really tee him off is the old man or skipper says you cannot prescribe that drug. And why not? Because I say you cannot.

Now, this is the old man speaking up against the young man just out of medical school, just out of residency, or internship, who wants to try his wings and is on his own. Certainly physicians are individualists, as I am sure you are well aware, and if you try to restrict their practice or you try to keep them from prescribing in the way they think best, it certainly can be one added way to make service life unattractive and that man is going to leave the service.

Senator NELSON. Well, that is like saying we will let him practice bad medicine because we do not want to lose him.

Admiral ETTER. I do not think it would be practicing bad medicine when the pharmacy-therapeutic committee has to pass on this particular drug.

Senator NELSON. Apparently the pharmacy-therapeutics committee takes the same position you do because they have passed a lot of drugs—I have a list here—which the National Academy of Sciences-National Research Council or the Medical Letter simply says are ineffective or that there is no proof that they are any better—and this is the pattern we get all over the country.

Now, the young doctor, as you know, has a modest course in pharmacology the second year in medical school. What is his qualification when he comes to your hospital to tell a therapeutics committee or to tell any distinguished authority that he knows better about the use of a particular drug. You say you are afraid to interfere for fear you will not make his practice comfortable and he will not stay in the service? It does not seem to me that that is an efficient way to run a professional organization.

Admiral ETTER. I think many of the people we are talking about