had an impression or testimonial that they made for the drug. Isn't that correct?

Admiral ETTER. That, and the fact that they had prescribed that drug and had found that drug in their experience and in their feelings about it to be effective, in their own judgment. And this—we are getting down to one of the real problems here. As you well know, the practice of medicine, fortunately or unfortunately, is not a science, but it is an art, and it is frequently that art that goes along with the prescribing of the drug that does as much as the drug does. If a physician has confidence in that drug, whatever you may want to call it, he can impart that confidence to the patient. If the patient feels better on that drug—better on that drug than any other drug—that is the drug that that doctor is going to use because he has confidence in that drug. Charisma, or whatever you want to call it.

Senator NELSON. Well, I guess we went through it. I think the practice of prescribing drugs is an art, but there is some science to it, too. And the argument of the leaders of the profession, so far as I know, in every single medical discipline I know, is that we use all the best knowledge available, and all I am pointing out is that these doctors prescribing these drugs are not using the best knowledge available; they are using testimonials which, no matter how competent they are, doesn't compare with the controlled studies used by the Medical Letter or the NAS–NRC in making their determinations.

Admiral ETTER. They are doing it, Senator, as a result of prescribing this drug themselves. Certainly, no one on the basis of a testimonial from a drug company or anybody else, without having used that drug, is going to ask to have it put in the formulary, or request standardization. This follows a result of trial and error, if you will. This results in the use of the drug by that doctor in his practice of medicine.

Senator NELSON. I think, as all good doctors know, if you just prescribe diet and rest for patients, 90 percent of them get well, without any medication at all, so the fact that you gave them drugs and they got well does not prove that the drug is any good.

Admiral ETTER. I will not argue that one bit, sir. I think you are absolutely right.

Senator NELSON. Minority counsel would like to ask a question.

Mr. JONES. To what extent do you attempt to educate the individual physicians concerning the relative therapeutic efficacy of the drugs?

Admiral ETTER. There is continued education through their medical staff meetings, through the written word in the medical journals, through the Medical Letter, and any number of ways. Certainly, in our larger hospitals there are continuing medical education programs that they go through.

Mr. JONES. Is there an attempt to educate them directly through the Department, or are you relying primarily upon their own individual efforts at education? For example, take the Medical Letter concerning Darvon: How are they now to know that Darvon has been found to be no more effective than aspirin, if in fact, that is the case?