Everything, of course, hinges on the validity of this final assumption.

We find that few practicing physicians seem inclined to voice any question of their competency in this field. We have noted, however, that the ability of an individual physician to make sound judgments under these quite confusing conditions is now a matter of serious concern to leading clinicians, scientists, and medical educators. A distinguished pharmacologist, for example, has stated that the lack of knowledge and sophistication in the proper use of drugs is perhaps the greatest deficiency of the average physician today. Other medical leaders have pointed to the wide discrepancy in the prescribing habits of the average physician as compared to the prescribing methods recommended by panels of medical experts. Still others have commented on the continued use by the average physician of products which have been found unnecessary or unacceptable by specially qualified therapeutics committees in hospitals and clinics.

We note that the most widely used source of prescribing information is essentially a compilation of the most widely advertised drugs.

The responsibility for these and other deficiencies has been placed on various factors:

Inadequate training in the clinical application of drug knowledge during the undergraduate medical curriculum.

Inadequate sources of objective information on both drug properties and drug costs.

Widespread reliance by prescribers for their continuing education upon the promotional materials distributed by drug manufacturers.

The exceedingly rapid rate of introduction and obsolescence of prescription drug specialties.

The limited time available to practicing physicians to examine, evaluate, and maintain currency with the claims for both old drugs and newly marketed products.

The constant insistence on the idea that the average physician, without guidance from expert colleagues, does in fact possess the necessary ability to make scientifically sound judgments in this complicated field.

This is really a refutation of all the testimony made here today and by witnesses previously.

Now, Dr. Dowling, formerly chairman of the AMA Council on Drugs and a most distinguished authority, states in his recent book, "Medicines for Man, the development, regulation and use of prescription drugs"—I won't read all of the examples but I will put them in the record. I will start in the middle of page 281:

The first consisted of observations of the work of 88 general practitioners in North Carolina. Each doctor was rated on the various skills of general practice by an internist who watched him at work for three days, in the office, in the hospital, and in the patients' homes. Therapeutic skills were assessed for six common disease categories. Proper treatment was judged to have been given for anemias by only 15 percent of the doctors, for emotional problems by 17 percent, for congestive heart failure by 25 percent, for upper respiratory infections or obesity by 33 percent, and for hypertension by 43 percent.

So substantially less than half were meeting the best standards in prescribing drugs under direct observation.

Then, in Ontario, page 282:

The proportion of Ontario physicians whose work was considered unsatisfactory varied from 15 percent for the treatment of cardiac failure to 75 percent for the treatment of high blood pressure. Corresponding figures for Nova Scotia physicians ranged from 45 percent for drugs used to treat infections, to 75 percent for high blood pressure.

Then he concludes:

Under the circumstances, the number of doctors whose performance does not meet reasonable criteria of quality is too great to be tolerated.

Well, this is what we are dealing with in terms of prescribing drugs.