

then it cannot be done any place in the United States and it will never be done. We have all this talk about a therapeutics committee composed of medical experts, but the therapeutics committee gives in to the demands of the individual physician in the hospital—physicians who have no controlled studies to demonstrate that the drugs they want to prescribe is as good as, or better or equivalent to, the drugs that are established and published in the U.S. Pharmacopeia and National Formulary, attested to for their effectiveness by the most distinguished pharmacologists and clinicians in the country. If those therapeutics committees are still going to allow these drugs to go into the formulary on demand of the individual physicians, where then in the country can we establish a good formulary and a practice that seeks to achieve the ideal of rational prescribing?

Dr. STEINFELD. I cannot speak for the Department of Defense. And I certainly agree with you that we do not have the best system available. Doctors are fiercely independent, even those who work for the Federal Government, at the VA, or DOD, or the Public Health Service.

The problem, I think, begins at the beginning, in medical school. I taught medical students for 10 years before I came to work for the Government, and they read the advertisements and they want to try new things. I think one of the criticisms of American medicine—that it has not responded to so many of its challenges—is a compliment, Senator, in the sense that physicians do not try all of the wild new things—quack remedies, bizarre tests, wild operations, and so forth.

I think, fundamentally, medicine is a very conservative art and science and that this is useful, but the problem is that we must balance the education of the physician: provide him with information about drugs, accurate, valid information about drugs, and so that he will prescribe appropriately, and will not assume an expertise which he does not possess.

We have not yet achieved this. We have not achieved the mechanism for educating physicians either in Federal employment or in the civilian community. It is something we certainly have to work on, and I think the hearings that you are conducting are a major step in the right direction of providing this information, at least getting us to move in the direction of getting some information out and developing the mechanism to get it out. But I do not have an immediate solution.

Senator NELSON. In most very good general hospitals there are clinicians who are expert in the administration and use of drugs within their specialty. If a hospital is big enough, you can cover the whole range of afflictions that may be treated rationally with drugs, and you can establish a therapeutics committee, and you can use the U.S. Pharmacopeia and the National Formulary which drafts its list of drugs consulting with the finest clinicians in the country, and the guidance of the Council on Drugs of the American Medical Association. You can also call upon distinguished men of national reputation which all of the doctors would have heard of in their schools—the Dr. Dowling's and Adriani's, for example. You can establish a formulary, and say that this is "the formulary." Why