can't you tell the doctor: "If you have cause to believe you need something for your patient that is not in the formulary, supply the therapeutics committee the rationale, such as controlled studies, something in addition to testimonials." Why can't this be done?

I do not think it is very good to say "my instinct is excellent, therefore, I will give a drug," such as happened with the fixed dose combination antibiotics, the use of which was opposed by the best practitioners in this country for 15 years. They were finally recommended for removal from the marketplace by the National Academy of Sciences-National Research Council. With all the expertise available in establishing the formulary, what is the problem?

So a doctor says, well, I have been prescribing for years X drug, and I like it and my patients get well. As every doctor knows, if you just give your patient enough rest and good food and a sense of security, 90 percent of them will get well without doing anything else. So, what is the problem in saying: "Now here is our formulary. We are not rigid about this. If you have any controlled studies, any scientific evidence that another drug that you want to use is superior for some reason or another, bring it to the therapeutics committee and we will evaluate it." Why is that so difficult to do?

Dr. STEINFELD. First, we are looking into methods for developing a formulary. I do not know that it is all that difficult to do. What it does is remove from an individual institution its determination to choose the drugs that the physicians there want to use, but in essence they are limited by the drugs that are available in the commercial market in any case. This would narrow it down further and further as experts would specify, and what you are saying is that the experts throughout the country are better than the experts at any local hospital.

Senator NELSON. No.

Dr. STEINFELD. Well, I think they are. I would agree to that.

Senator NELSON. I was not saying that, but yesterday DOD said they had plenty of experts but that they very frequently defer to the demands of the individual practitioner because, in fact, he is going to get angry if they don't.

Dr. STEINFELD. I am sure that is so.

Senator NELSON. In any event, I think any individual practitioner confronted with a list of drugs based on the best judgment of medical experts would not be inclined to battle against the practice of good medicine. If you get all the best expertise together on any particular subject matter, that represents the best scientific knowledge we now have in the country, and if somebody has some better scientific knowledge, the best of the scientists will adopt it. But we are not really following that, at least as extensively and conscienciously as we ought to in our therapeutics committees and in establishing our formularies.

Dr. STEINFELD. No, you are right. We do not have a single formulary, and I think it is something that we must give serious consideration to. I think, though, that we do have a good health system and though I do not want to get off the point, I think one of the advantages of it is that the individual must think for himself.

Now, maybe he does not think too well. Maybe he prescribes irrationally or inappropriately. Some of the things certainly are harm-