ful and should be withdrawn. But if the Government determines extensively what laboratory tests should be available, which drugs should be available, which types of operations, and so forth, and one could carry this on further. I think one must balance the value of requiring the physicians at a hospital to think for themselves, to read about drugs, to inform themselves about the value of one antibiotic versus another for a particular infection, rather than having all of the decisions more or less made for them so that they can choose from a relatively limited number.

There is a process of continuing education which I think the local pharmacy and therapeutics committees carry out by having to develop their own formularies, having to read the literature, hopefully, reviewing the original data, arguing and discussing. I was a member of one at a place called John Wesley County Hospital in Los Angeles, and we took our job seriously. So that I think there is an educational process that perhaps, but not necessarily, would be lost if we had a National Formulary. I am sure that we could balance things to improve the system and still permit or provide or encourage the doctors, pharmacists, to continue to read, inquire, and search out what they feel is the appropriate answer.

Senator NELSON. Well, I have not suggested whether there should be a National Formulary one way or the other. It may give lots of flexibility to have a good hospital in which the therapeutics committee decides on the drugs they want to use, but there ought to be some review. And if the therapeutics committee is including drugs which the review committee has not requested, and are not supported by the best of the clinicians and pharmacologists in the country, that the therapeutics committee ought to have to respond to it with evidence to support its position.

I was not suggesting that you interfere with the practice of medicine. This reinforces the practice of medicine because I think everybody—I think every doctor in this country will concede that if he is just practicing without the opportunity for conducting carefully controlled studies himself, that there is not really any way for the greatest genius in the world to decide whether when he administers a combination of tetracycline and novobiocin to his patients, that that is not better than the tetracycline alone and, in fact, as the NAS–NRC decided, worse. How does he decide this?

It is not a reflection on the physician that he is unable to decide that. It takes controlled studies which the doctor is not in a position to make himself.

What we are really doing is purchasing thousands of drugs, most of them duplicative. They do the same thing. They cost more money. Various molecular modifications are made that are totally insignificant and they end up producing a drug that is not as good as the basic drug. The modified drugs are advertised widely, great claims made for them and there sits the physician. He says, "Well, I want to help the patient. That sounds very good."

What is his basis for making a judgment? There is not any, unless he conducted or had access to carefully controlled studies. So it seems to me that in this aspect the doctor cannot conceivably, from his own experience, develop an expertise in this area unless he deals with a