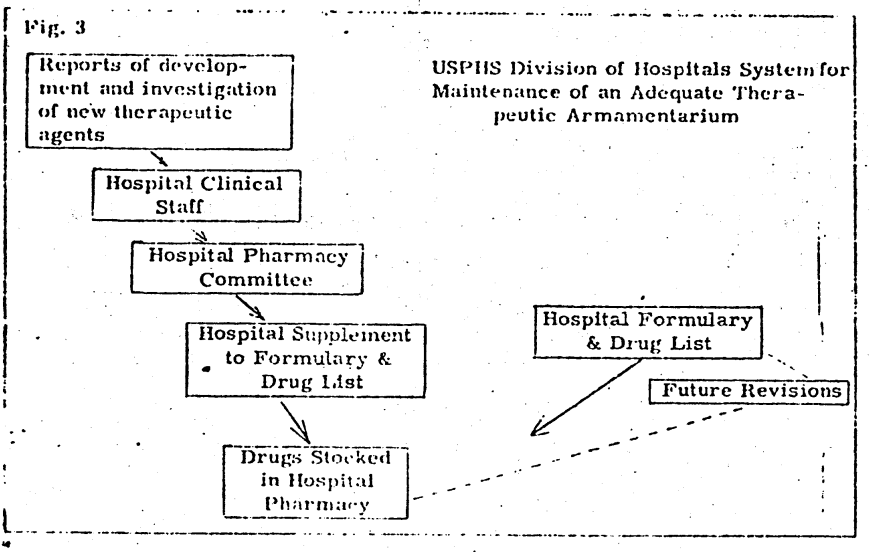
This plan, as used in the U. S. Public Health Service is depicted in Figure 3. Such a system insures the inclusion and deletion of drug therapy agents based on opinions of several clinicians, opinions formed as a result of careful studies and discriminating clinical experiences.

Fig. 3



In spelling out this program for a pharmacy committee and especially the responsibilities of its members, we recognize that many staff physicians when first hearing of it may consider it an abrogation of their rights to freedom in the practice of medicine. In fact they may claim it comes dangerously close to telling a physician what drugs he may and should use. Is this true? Certainly it is, but is not this kind of group consultation desired and sought for by all physicians and dentists truly interested in their callings? Further, we question whether the program suggested is any more limiting in scope than that placed on the indiscriminate performance of surgical operations or highly specialized medical or dental procedures. The emphasis is again placed on medical staff self-government and analysis of objective and procedure. We emphasize again that the program simply requests the staff member to submit any new drug which he desires to use for committee evaluation; to support his request by an oral and written statement of the pharmacological and therapeutic needs to be met; and to satisfy the committee that he is not being motivated by a scientific whim.

Viewed in the foregoing light we see no unreasonable restrictions being placed upon the practice of sound medicine. We believe that the physician is obtaining the advantage of a profound pharmacological consultation in a manner analogous to a radiological or pathological consultation.