combinations and new names, that it is very difficult for anyone to keep abreast of the drugs, what their appropriate use is and whether they are better than old drugs, and so forth.

An important problem, then, is continuing education in the drug field to assure good patient care, and appropriate utilization with the multiplicity of drugs which are available. Another idea is to bring all the expertise of the various disciplines together to establish a formulary, which would include a selection of the best proven drugs for the appropriate treatment of the variety of circumstances for which the drugs are used. It is distressing to anyone who is concerned about the best utilization of drugs, the best care of the patient, and the best practice of medicine, that every time we have any testimony on these formularies, a good percentage of them end up not being formularies at all but just a list of the available drugs that the local practicing physician through his expertise or bias, desired to use. A recent dramatic example is the massive purchasing of Darvon by the Veterans' Administration and the Department of Defense. We cannot find anybody who is considered an expert who wants to come before the committee and justify that purchase, including the purchasers themselves.

I have received letters from doctors who say: "I use Darvon all the time and will be glad to come and testify that it is good," but none of the experts will come and testify that they can justify the use of Darvon, though there may be special cases where Darvon may be used such as in the case of a person who cannot use aspirin, but not as the drug of first choice as a mild analgesic.

What I do not understand is how we are ever going to achieve rational prescribing unless the profession itself insists that the experts on the drugs will establish the formulary, and, further, say to the individual physician, "If you, as a physician practicing in this hospital, desire to use another drug, justify it, not with testimonials but with the appropriate, controlled studies that would warrant departing from the formulary."

All the best men in the profession say that is the best way to accomplish this, but somehow they do not do it.

I think it is a very sad commentary that the profession itself cannot summon up the courage to tackle the question head on. This is becoming a catastrophic situation; this multiplicity of drugs, wasteful spending on them, using them for the wrong purpose and the profession itself defaulting in its responsibilities. If you cannot do it in the Army, or in the Veterans hospitals, then one must despair that it can be done any place in this country.

Please proceed.

Mr. STAATS. Recently, Mr. Chairman, a series of actions impacting on the operation of P and T Committees and the formulary system have been taken or are planned within each of the major Federal drug procurement agencies. For example, each of the agencies has directed the distribution of the Food and Drug Administration's recently published list of "ineffective" drugs to their local medical facilities—this is the one we referred to a minute ago—with the recommendation or requirement that the drugs no longer be used.