respond at any point in time to the consensus of its experts. We deal with a very large number of individuals, with individual notions about the practice of medicine. At this point in time we are not really prepared to tell them we are absolutely certain we are right and they are wrong. So we encounter these problems that require a very carefully made judgmental decision on the part of the physician who indeed has the responsibilities at the local level.

Senator NELSON. His responsibility is first to his patient.

Dr. WELLS. Right.

Senator NELSON. And therefore he ought to be applying the best knowledge available.

Dr. WELLS. But known to whom? Known to many?

Senator NELSON. No. Known to the profession, since at least within a hospital that is run by the Government we don't need to subsidize bad medical practice.

Dr. WELLS. I agree but again I think you enunciate our basic problem of education and evolution. We have to educate these people over a long period of time, and we have to be forebearant in the evolution of the practice.

Senator NELSON. Well, I guess we went through that before. It would seem to me in any event, and I will conclude arguing with you about it, if you have a position that is universally held by all the experts in the field then somebody who is not an expert shouldn't be permitted, at least in a Government hospital, to override the experts. You say to him, "Sir, all the medical experts in this country say this. You have a contrary position. You bring to us the controlled clinical studies or the evidence that overrides the position of the experts and we will accept the drug that you are using." All you have to do is to apply the rule of reason and science to the doctor. If you can't do it, you shouldn't permit the drug in your hospital and the taxpayers shouldn't fund it and the patients shouldn't have to suffer through it either.

Dr. WELLS. I would have to say that at this point in time, I would simply not be prepared to make that kind of recommendation to the Administrator of Veterans' Affairs which would mean that we would indeed be administering the practice of medicine from Washington. I doubt the expediency, the value, the ultimate worth of that judgment at this point in time.

Senator NELSON. All right. Go ahead.

Dr. WELLS. In reference to the 13 items under special study and beginning at the top of page 6, we anticipate issuing invitations for bid on these items in a few weeks. Our experience with these 13 items will determine how we proceed with the remainder. We have also directed that a continuous review be made for all items procured on a non-competitive basis to determine if there are potential competitors who can meet our requirements. I must emphasize, however, that this does not mean that we, in any way, are cutting our quality standards. We recognize that the area of quality standards employed in the manufacture and control of drugs is in some instances a matter of subjective judgment. We intend to do the best we can. We plan additional training for our plant inspectors. We likewise will use the facilities of other Federal agencies insofar as