that clear. Another panelist agreed and brought out that many of the decisions of NAS–NRC panels represented majority views rather than unanimous decisions. This, in our opinion, may account for the continued use of drugs which have been classified by FDA, at some point, as other than effective for all indications claimed. In examining our position in the Veterans' Administration, a specific example illustrates the reason for such choices. The question has previously been raised about the value of chlordiazepoxide compared with barbiturates. We talked about this at our last hearings. Although quite disparate in cost, some experts share the view that they are equally effective and free from adverse side effects. Other experts, including those in the Veterans' Administration who had done very extensive clinical evaluations, disagree that they are equally desirable alternative drugs of choice for all manifestations. I also believe that the three panelists from the NAS–NRC panel on psychiatric drugs testified before your subcommittee that there were conditions in which either drug was a suitable drug of choice, but there were other conditions, notably moderate to severe psychosis or long-term therapy requirements in which they do not agree that barbiturates were comparable to chlordiazepoxide in therapeutic effect or safety. In this Agency, both barbiturates and chlordiazepoxide are used in our psychiatric program.

In conclusion we feel the problem is one that can best be solved by education and by a meaningful and timely flow of information to the prescribing physician. We cannot reasonably expect our physicians to base their medical decisions on the opinions of one expert or one publication or to reasonably choose between the divergent opinions of several experts without a sufficient battery of information to support their decisions. Compendia, digests of drug information and probably some educational programs not now in existence offer, in our opinion, greater hope for improvement than formularies compiled in Washington, often remote from the actual practice of medicine, if such formularies propose to restrict the availability of drugs contrary to the expert and enlightened opinion of the physician who has the actual responsibility for the health of the patient. It is our job to see that his opinion is an enlightened one, not to direct his selection of drugs for his patient, but rather to see that he makes an informed and knowledgeable choice and that he has readily available to him data on which to base this choice. We feel that such an approach will enhance rational prescribing more effectively than one which proposed to regulate judgment. We reaffirm our policy that the administrative process does not dictate the selection of drugs which will be prescribed and dispensed in our Veterans' Administration hospitals and clinics. We recognize that our own system for assisting our physicians in rational choices can be improved. We believe the deficiencies which exist in our system in this respect, are the same deficiencies found in the entire Nation's health care system. We have a problem in which the dissemination of information is not keeping pace with the need for that information. Perhaps the efforts of this subcommittee, in focusing attention on this problem, will stimulate more intensive efforts and speed up needed improvement.