facturers. Particularly when a patient has been stabilized on the products of one manufacturer, substitution without the prescriber's knowledge or consent can seriously impede the course of the patient's therapy.

Although NPC advocates the retention of laws prohibiting unauthorized substitution, the council favors, and recommends whenever possible, a teamwork approach to product selection involving consultation and sharing of drug-product knowledge between the pharmacist and physician. NPC recognizes and respects the pharmacist's understanding of drug products, his awareness of relative costs, and his knowledge of the reputations of pharmaceutical manufacturers. Only the physician, however, examines the patient, diagnoses his condition, and observes the clinical results of the product he prescribes. Often the physician must carefully adjust drug dosage, gaging it as to onset, intensity, and duration of action, presence or absence of drug idiosyncracies, and other conditions he may note in following the prescribed course of therapy. Whenever possible, the knowledge of both the pharmacist and the physician should be combined to benefit the patient. But the physician must retain complete control of his patient's therapy. His selection of a drug product should not be changed without his knowledge and consent no matter how much a third party may know about the pharmacologic and chemical characteristics of drug products.

HEW will not compel the pharmacist to dispense a drug at or below the established MAC, but it will reimburse him only at the MAC level. If the pharmacist receives a prescription for a drug priced above the MAC level, in the absence of the physician's written certification he may, one, refuse to fill the prescription; two, fill it at a financial loss, or possibly charge the patient for the difference in cost; or three, obtain the physician's authorization to dispense a cheaper product, which he, the pharmacist, might recommend, the latter being the only really acceptable alternative.

It is difficult to see how the proposed MAC program could operate without placing some pharmacists in the position of being faced with the unattractive alternatives of financial hardships or violation of the antisubstitution laws. It would be a most unfortunate development if laws now protecting all consumers, including those who pay for their own medicines, were compromised to permit unauthorized substitution in order to make the MAC regulations more workable for medicare and medicaid. A majority of pharmacists, adhering to the longstanding ethics of their profession, would not want this.

The long-term result would be to diminish the quality of health care for patients, to interfere with the practice of medicine, and to undermine an important incentive of pharmaceutical manufacturers to develop, for their brands, a reputation for consistently excellent quality and uniform therapeutic effect.

In summary, there is no practicable or affordable way of implementing the MAC proposals without jeopardizing the quality of patient care. The MAC concept rests on a miscalculation of costs, benefits, and risks. For these reasons, NPC has urged the Department of Health, Education, and Welfare to withdraw its MAC proposal and seek other ways to carry out the Department's responsi-