Mr. TRYGSTAD. Well, that, though, is a very important difference. In the P and T Committee situation in the individual hospital, judgments are made and decisions are made on behalf of the entire medical staff which is represented there and has a say in what drugs are selected. You might say that the day a drug product is put in, a brand selected or a product from a particular source is selected, you might say that clinical trials are beginning right then. The physicians are there; they know what they have gotten; they observe their effects, and if they are satisfactory, they will continue to have confidence in the product.

The CHAIRMAN. May I interrupt. You are not suggesting that is really a clinical trial in the classic sense of the word, because what you are getting, unless you have a controlled trial established with appropriate protocols, what you are really ending up with is testimonials from the doctors who use the drug, not a carefully controlled, scientific trial.

Mr. TRYGSTAD. I am not suggesting that it is a clinical trial or study in the classic sense at all. What I am saying is, if a drug selected on the basis of a good reputation, known quality, whatever standards they use for selection of a drug to be stocked in that hospital, and if the drug works, and if the patient gets well, and does not have side effects from it, and it performs satisfactorily, chances are—and has been purchased at reasonable cost, we will add that—chances are that the medical staff will find that product satisfactory.

But, should it prove not to be satisfactory in all of those respects, the physicians are there on the staff and they can make the change immediately. Nothing has been forced on them. Nothing has been done behind their backs. In following the guiding principles of the formulary system the physician has had a say in the product's selection. He has authorized the dispensing of that product. This is the difference—that they are participating in the decisions and making these selections and trying the products they helped select. Contrast this with the situation where you would have a physician in private practice prescribing what he thinks his patient is going to get, and then somebody giving that patient something else to comply with an administrative cost limitation.

The CHAIRMAN. There is our roll call bell again.

I would like to carry on our discussion a little longer, but I feel you have been imposed upon quite a bit already. Your statement will be printed in full in the record. I must say, though, I have serious questions about the major thrust of your statement. A gentleman with the good Norwegian name of Trygstad can not be all bad.

Mr. TRYGSTAD. One that was born, incidentally, in Rice Lake, Wis.

The CHAIRMAN. Rice Lake? Well, yop were within the shadows of the village of Clear Lake. You grew up in a very fine atmosphere, probably at the time my dad's cousin was coaching up in Rice Lake in the thirties.

Mr. TRYGSTAD. It is nice to meet a neighbor.

The CHAIRMAN. I thank you very much for taking the time. I appreciate your contribution to these hearings.

Tomorrow the hearings will resume in room 1318.

[Whereupon, at 1:12 p.m., the subcommittee recessed, to reconvene at 10 a.m. on Friday, March 21, 7975.]