I must confess, I went to the meeting of June 21, 1974, with considerable prejudice. I had formerly been on a DRB ad hoc committee to consider "clinical pharmacy," and I had heard there some ideas about practices which seemed to me certainly not in the best interest of high quality patient care. In addition, I had heard that some officials of the APhA advocated total abandonment of brand names, and this seemed to me to be a radical and dangerous notion. Thus, I went to the meeting expecting to hear exhortations about how "the very concept of a physician in our society—what and who he is, and how he functions—is obsolete" (from *Perspectives in Clinical Pharmacy*, D. E. Francke and H. A. K. Whitney, Jr., page 7) and how the pharmacist should be given a markedly expanded role in selection of drug products, perhaps even to the extent of changing the chemical entity selected by the physician to a different one without discussing that with the physician. I was therefore pleasantly surprised and impressed with the APhA representatives instead presented the above mentioned data, and based their arguments not on exhortations or unsupported allegations and speculations but on the *data* they presented that I have just mentioned.

Then I prepared a markedly revised resolution and sent it to Mr. Trexler and Dr. Hussey. Dr. Hussey returned his rewording of this which substituted the single word "provided" at the outset for the five words "in view of the fact." Dr. Hussey's resolution came from the AMA, and I have included Dr. Hussey's letter to me of August 2 in the attachments. Dr. Hussey's resolution reads:

> Provided that the policy of the American Pharmaceutical Association with regard drug substitution laws would not remove from the control of the physician the final decision as to the drug to be dispensed to the patient, we recommend that the Drug Research Board endorse this position and encourage the appropriate amendment of State laws accordingly.

The CHAIRMAN. Were there some "whereases" in that?

Dr. PITTMAN. That is the whole thing right there.

The CHAIRMAN. You mean this was a substitute for this original resolution that had been adopted?

Dr. PITTMAN. Yes.

The CHAIRMAN. What does it mean?

Dr. PITTMAN. I think it means that the physician should delegate to the pharmacist the choice of the actual product unless he has a specific reason, not just that he knows the brand name or is familiar with that. He should have a specific reason for using, for selecting, that particular drug product, that variety or manufacturer.

The CHAIRMAN. Does this, in fact, endorse the concept that the pharmacist shall select the manufacturer, whether it be a brand name, a generic name, unless the physician specifically directs that a particular manufacturer's compound be the one that fills the prescription, is that what you are saying?

Dr. PITTMAN. That is right.

The CHAIRMAN. Is the logical conclusion to be drawn from that that the Board would then endorse the concept that you always prescribe by the official name and allow the pharmacist to select the company, unless the physician prescribes the official name and then adds the brand, or whatever, is that what you are saying?