after some rather heated discussion, the DRB again voted on the original resolution passed October 25. The vote was 13 to 1 in favor of the resolution. In other words, the DRB again endorsed, for the second time, the resolution in precisely the wording used before. There was discussion of the material which had been on the agenda that day [the DRB resolution had not been on the agenda], but again there was crowded into the discussion an attempt to clarify the meaning and intent of the resolution. As observed wryly by Dr. Daniel Azarnoff at that time, when someone in Washington clarifies something he said previously, this means: "I take it all back." At any rate, two clarifying statements were offered. The first was offered by Dr. Paul Calabresi of Brown University:

> In clarification of the resolution, attention should be drawn to the second "Whereas", which unequivocally states that:
> "The physician must have the ultimate responsibility and authority in drug product selection, since he has the fullest knowledge of the patient's needs and responses with attendant obligation to be held accountable for his selection of particular drug products, . . ."
> In this context, the intent of the resolution by the Drug Research Board was that the physician, having selected the chemical entity to be used for therapy, should make a choice, each time a drug is prescribed, either to delegate to the pharmacist, or explicitly to retain to himself, selection of the particular drug product to be dispensed and received by the patient.

Dr. Victor Drill, of the Searle Pharmaceutical Co., proposed the following addition to the clarifying statement proposed by Dr. Calabresi:

> In retaining to the physician the responsibility for drug selection, the Drug Research Board adopted no position with respect to changes in, or repeal of, drug antisubstitution laws.

These clarifying statements were then typed, argued over, and unanimously approved by the DRB, then retyped. In my estimation, the DRB acted in this instance under pressure from its industry-related members, particularly Dr. Drill, whom we all respect as a distinguished pharmacologist and scholar.

Mr. GORDON. As I understand it, the members of the DRB who represent industry are Dr. Drill, G. D. Searle; Dr. Robert Hodges of Parke-Davis; Dr. Kenneth Kohlstaedt, who was or is vice president of Lilly; James Price, vice president of Abbott; and Dr. Papper on the board of the Abbott Co.

Now, don't you think that since this matter has an effect on the sales and profit of the industry, in fact the very companies with which these individuals are connected, that they would have excluded themselves from the deliberations on this subject? Isn't there a conflict of interest there?

Dr. PITTMAN. If you want a yes or no, it is always difficult. I suppose you could say there is a conflict of interest. In my experience with NIH study sections, when an individual's specific university comes up, or lab, he absents himself from the room. But I think the fundamental problem is how one gets experts in a field who are not biased by any relations to anybody in the field. And I think that is a very difficult problem. So I would try to answer that by balancing the committee rather than by saying that people don't have biases.

Mr. GORDON. As I understand it, if somebody in Government has a