I must confess, I went to the meeting of 21 June 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exhortations about how "the very concept of a physician in our society -- what and who he is, and how he functions -- is obsolete" (from Perspectives in Clinical Pharmacy, D. E. Francke and H. A. K. Whitney, Jr., editors, Drug Intelligence Publications, Hamilton, Illinois 62341, 1972, p. 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 when the APhA representatives instead presented the above mentioned data, and based their arguments not on exhortations unsupported allegations, and speculations but on the data they presented.

Following the meeting of 21 June 1974, I sent a markedly revised resolution to Mr. Duke C. Trexler, Executive Secretary of the DRB, with a copy to Dr. Hussey at the AMA. On August 2, 1974, Dr. Hussey sent me the attached letter in which he recommended that the words "In view of the fact .... " be deleted and the word "Provided" be substituted. The resolution recommended for approval by Dr. Hussey therefore read as follows (quoted verbatim from his letter of 2 August 1974):

> "Provided that the policy of the American Pharmaceutical Association with regard drug substitution laws would not remove from 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." (see Attachment)

Since this position seemed not to be the result which the PMA had originally had in mind when it attempted to obtain DRB endorsement of existing anti-substitution laws, Mr. Trexler felt we should have still another meeting with representatives of both the APhA and the PMA present at the same meeting, to try to preclude any problems which might arise. We therefore held the meeting of 26 September 1974 and further reworked the proposed resolution. The meeting went quite smoothly, with relatively few objections to the resolution but rather an amicable working out of the wording. The wording emanating from that meeting, according to my own notes, was as follows:

"1. The patient's best welfare should be the ultimate goal of statutes and regulations concerning drug product selection. In operational terms, this means the best product for the lowest price.

"2. The physician must have the ultimate responsibility and authority in drug product selection, since the physician alone has intimate knowledge of the patient and his pathology. However, the physician must be ready to be held accountable on grounds of price and quality for his selections of drug products.