has acted inappropriately, that it is "a weak committee," or that it is "unduly influenced by the drug industry." The recent JAMA editorials, for example, imply that the DRB has behaved in an irrational, unrealistic, and generally regrettable fashion. I would like to say here that I never requested to be put on this ad hoc committee concerning drug anti-substitution laws. But, having been named to it, I tried to be guided by the principles on which I believe the NRC and NAS are founded; namely, the deliberate consideration of issues basing decisions, insofar as possible, on data, as hard as possible, rather than speculation, allegation, or innuendo: i.e., to emphasize reliable knowledge. This is exactly what the DRB and ALS have done in this case, and I think that far from representing a regrettable episode it represents performance in the best tradition of the NRC/NAS.

Item (b) of your request concerns the respective roles of the physician and the pharmacist. I should like to read to you parts of a statement I read at the 25 October 1974 meeting of the DRB in reference to the resolution which was then under consideration.

"The meeting of June 21, 1974, was a most educational meeting. There was no talk of 'clinical pharmacy' or 'post-diagnostic therapy' or of legislation enabling the pharmacist to substitute drug products against the judgment of the patient's physician or in a blanket, uncontrolled manner. Instead, data were produced (and I again briefly reviewed these) .... I urge the DRB to endorse this mild resolution, which leaves the final decision in the hands of the physician, emphasizes the importance of knowledge, judgment, and expertise in making decisions of drug product selection, and does not specify any particular mechanism other than that the physician may either delegate or retain this product selection decision once he has selected the chemical entity.

"I do not view this as an endorsement of any particular organization. In addition, I do not view it as an endorsement of 'clinical pharmacy' or 'a foot in the door' to the practice of clinical pharmacy (or clinical medicine by pharmacists). It should simply be a statement of the DRB itself.

"Further, this resolution has now attracted sufficient attention that if the DRB fails to state any position in the anti-substitution issue and simply tries to duck the issue, it will prove to critics that the DRB is an impotent group unduly influenced by special interests. The crux of the matter is knowledge and judgment. If the physician knows what he wants specifically and in detail, all he has to do is prescribe it and fill out the form (prescription blank) properly. If he does not possess sufficient knowledge to write it specifically (e.g., the appropriate salt or ester), it is unreasonable for him to insist on reserving that prerogative of selection to himself alone when another health professional may have superior knowledge of a bioequivalent drug product available at lower cost."