tion passed by the Drug Research Board stands in need of clarification. Until such a time as therapeutic efficacy can be established for all products, and such information is made easily accessible to prescribing physicians, we feel obliged to stand firmly on the necessity that a physician prescribe specifically and have the prescription filled with equal specificity.

JOIN D. ARCHER, MD ROBERT H. MOSER, MD

- 1. The plea of a Jacksonville druggist, editorial. JAMA 220:853-854, 1972.
- 1972.
 2. Substitution of drugs, editorial. JAMA 212:1369, 1970.
 3. Drug substitution—how to turn order into chaos, editorial. JAMA 21:817818, 1971.
 4. Drug antisubstitution laws; Reprise, editorial. JAMA 221:711, 1972.

Drug Antisubstitution Laws: **Further Comment**

During 1974, the Drug Research Board (DRB) of the National Research Council/National Academy of Sciences (NRC/NAS) held a special meeting with representatives of the Pharmaceutical Manufacturers Association. One outcome of the meeting was a statement supporting the state drug antisubstitution laws and opposing their repeal. When that statement was reviewed at the next regular meeting of the DRB, a representative of the American Pharmaceutical Association (APhA) made a plea for deferral of action at least until representatives of APhA-should have had an opportunity to be heard.

Accordingly, Dr. Shideman, chairman of the DRB, appointed Dr. James Pittman (chairman) and me as a committee of two to meet with APhA representatives. At the meeting that ensued, the APhA representatives announced that their association had no desire to have the antisubstitution laws repealed-only modified. The arguments were persuasive, and Dr. Pittman presented a report at the next regular meeting of the DRB on Oct 25, 1974.

The report was not accepted as written, was rewritten that day, and re-presented to the DRB where discussion and debate led finally to adoption of the following resolu-

Resolved, That the physician, having selected the chemical entity to be used for therapy, should be required 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.

Following the October meeting of the DRB, Dr. Pittman wrote what he told me by telephone he intended solely as a "think piece"—a basis for discussion of the foregoing resolution of the DRB at its meeting on March 14, 1975. However, Dr. Pittman's writing was somehow used, at least in part, by NRC/NAS as a press release, Jan 21, 1975, to accompany the resolution, which by then had received the endorsement of the Assembly of Life Sciences. The press release was headlined "Drug Board Urges Changes in Drug Substitution Laws"-something I cannot find as the intent of the DRB; at least the DRB never stated it so, and I never believed it so.

Confusion and perplexity have ensued. The APhA has seized on the press release for use in strong efforts to upgrade the role of the pharmacist, perhaps to the point where he will be the therapist while the physician is a diagnostician only. In other words, the honorable DRB is in danger of being used against its own best interests.

Therefore, I recommended (1) that reconsideration of the resolution be a prime order of business at the March 14 meeting of the DRB; (2) that the DRB rescind for now the confusing resolution; (3) that the resolution be restudied by an ad hoc committee of the DRB, the study to include a search for the reasons for misunderstanding of the

I did not believe that the resolution demanded a repeal or modification of the state drug antisubstitution laws; otherwise I would not have supported it by vote. Obviously, I was naïve. The various interpretations placed on the resolution by various parties indicate that the resolution is unclear in its intent. Clarification is of paramount importance.

The argument has been presented that the DRB had responsibility only for the resolution and no responsibility for the academy (NRC/NAS) press release. Therefore, the argument continues, it is the obligation of the academy to correct any misunderstandings. I find that argument specious and am reminded of Pontius Pilate. The resolution emanated from the DRB, and it is the obligation of that board to clarify promptly the intent of the resolution.

Hugh H. Hossey, MD