

the end-stage renal dialysis program, or coverage for expensive medical <sup>h</sup> technology. Deciding where to cut costs is as much a life-or-death decision as any that a physician may face in his or her practice, he said.

"We urge caution (in reducing health care dollars) so that changes made today do not place in jeopardy the continued availability of quality health care for future generations," Dr. Boyle said.

CLINICAL LITERATURE DATA BASE designed by Excerpta Medica will be available on the Medical Information Network by mid-summer. The new feature will help physician subscribers retrieve medical journal articles. Current services include four information bases produced and updated continually by the AMA. They are known collectively as AMA/NET. In addition, GTE Telenet offers an easy-to-use electronic mail service called MED/MAIL for communications among network users.

The drug data base is the most widely used, GTE said. Now fully on line, the data base includes detailed information on 1,196 individual drug preparations marketed under more than 5,000 trade names in the United States, Canada, and Mexico.

Patient medication instructions (PMIs) have been added for some drugs as a new category of information. More PMIs will follow as they are developed by the AMA scientific staff. In a further enhancement, titles of drug listings have been changed to show their components. For example, rather than "aspirin mixture #10," the title now reads "aspirin, phenacetin, and caffeine." The expanded listings should eliminate any confusion as to what drug is being referenced, GTE said.

*cf. newsletter*

CHELATION THERAPY HAS NOT BEEN ESTABLISHED as an acceptable treatment for coronary or other arterial atherosclerosis. This was the consensus of physicians in an expert opinion survey conducted by the AMA Diagnostic and Therapeutic Technology Assessment project.

DATTA's conclusion echoed a resolution passed last month at the Illinois State Medical Society meeting. Illinois physicians adopted the position that chelation therapy is an experimental procedure without proven efficacy. Joseph Perez, MD, who introduced the resolution, said that the use of EDTA chelation therapy was increasing despite the lack of evidence as to its safety and clinical efficacy.

DATTA panelists said that repeated intravenous infusions of EDTA disodium had not been shown in any well-designed, controlled trial as beneficial to patients with coronary artery disease. They concurred that the safety of using EDTA in these patients was questionable.

The majority of DATTA respondents thought that chelation was an "unacceptable" or "indeterminate" therapy for atherosclerotic vascular disease. A minority said that it still could be considered investigational, i.e., worthy of a controlled trial. e

AMA newsletter 23 May 83