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TO: Mary Gross  
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Voice telephone:

Mary,

Thanks very much for sending me the FR41360 on the upcoming bar code inquiry. I am, sadly, in the operating room that day. I will try to prepare a short list of items and send them in as written testimony. I also passed the FR along to a few other people in our group who may be able to testify and whose knowledge is deeper than mine.

I think that the broad issue here is what it will mean to have two identification systems running in parallel. The naive model of what BC 'means' is that identification will become an automatic rather than a human function. But this is clearly not the case: no one is planning on replacing the human readable labels with machine readable ones but, rather, *adding* the machine readable label to permit a variety of enhancements to identification. Short of the magical all-automatic system that takes the drug off the shelf and plots it into the waiting patient's mouth, *human identification of medications will continue to be the primary method for identification.*

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Once bar code is on everything, the hit rate for discrepant identification will be high. No one has considered, in any thoughtful way, what the effect of requiring people to resolve discrepancies at high rates in the setting of a purely machine readable and a purely human readable label may be.

We already know a great deal about how warnings and reminders fail as aids to safety in a variety of settings but it seems necessary to relearn these lessons with each new piece of technology.

I appreciate the notification of the public meeting. If the results are put up on the web somewhere, I would love to look at them.

Regards,



Richard Cook

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