If Your Tourist Glaucoma Patient Seems Slightly Stoned...

Unlike the United States, Canada has decriminalized the possession of marijuana for medicinal purposes. The regulations went into effect in July 2001, despite objections from the Canadian Medical Association. The CMA argued that the rules place doctors in an "untenable position." They now must counsel patients about the risks and benefits of a compound which they do not know and about which they have little scientific information. They can hardly give proper "informed consent" and fear that the regulations will damage the therapeutic relationship with patients. Some patients may use the doctor as a conduit for obtaining recreational marijuana by claiming a benefit for any medical condition, but hey stay cool, doc, it's ooh kay.

At Times, A Certified Letter Is Really Cheap.

A law student at the University of North Carolina was delusional and possibly psychotic, so the dean of the law school referred him for psychiatric evaluation. The psychiatrist cared for him on a regular basis with repeated visits and medications. His grades improved and his mental disorder was under control. The doctor advised the patient that he planned to retire at the end of the school year. In June, the doctor repeated that he was retiring from practice, and tried to refer the patient for further care. The student refused referral, stating that he wasn't sure where he would spend the summer. The doctor advised him to seek another physician, and to continue his drug therapy. Apparently, there was no additional attempt to assure continued medical care. The patient discontinued his medication and did not seek another psychiatrist. Eight months later he became profoundly psychotic, shot four people, two of whom died, and the patient was wounded by a policeman in a gun fight. He remains in a state-run psychiatric facility. He brought a law suit against the physician for failing to sufficiently stress the need for additional care, and was awarded $500,000 by a sympathetic jury.

Instant Gratification Takes Too Long.

Eli Lilly has a new drug, Xigris (rhymes with tigress), said to be the most promising drug to fight sepsis which has come along in decades. When (not if) approved by the FDA, the drug promises to become the standard of care for severe sepsis, but here is the problem. The drug comes with an astronomical fee tag, variously estimated between $1,000 and $10,000 per dose! According to studies, Xigris would save 20% of the 225,000 patients who die each year from sepsis, and no other drug has a similar effect. Hospital gatekeepers will try to ration the drug, but there is essentially no comparable medication. Fearing lawsuit, hospitals and doctors will surely be obligated to prescribe Xigris. Of course, the other side of the argument is that the drug will save money by shortening hospitalization, and cause reduction in hospital days. Since Lilly's exclusive patent on Prozac expired in July, they are delighted and expect the drug to be just what the doctor ordered.

Don't Worry About Your Heart. It Will Last All Your Life.

Considering the events of September 11th, it seems trivial, but the airlines have studied the cost effectiveness of having automated external defibrillators (AEDs) aboard every large capacity airplane. Cardiac arrest on a passenger aircraft is almost always a fatal event due to delays in emergency medical care. Survival rates are substantially higher than those achieved by emergency responders when AEDs are used by trained laymen. In April 2001, the FAA issued a rule requiring all commercial aircraft with at least one flight attendant, to carry AEDs by 2004. Some airline industry observers have questioned the appropriateness of the FAA ruling, but the study generated from Stanford University reported in JAMA, certified that quality-adjusted life-year (QALY) gained, more than offsets the cost.

Look At Your Dog. If He's Fat You're Not Getting Enough Exercise.

Do you want to know about your vital signs during exercise? The market place is increasingly filled with "biometric" gadgets primarily designed to target the super healthy. Nike has a heart monitor wrist watch which will help athletes achieve peak performance. BodyMedia is marketing an armband that monitors vital signs by receiving data and then transmitting the information to a personal computer. Agilent Technologies is serving a different population by monitoring patients with congestive heart failure. Their electronic line measures weight, blood pressure, pulse and electrocardiogram readings, and links the data between patients at home and remote nursing stations. To date, the sickness side of the market seems to be more widely used because patients are willing to pay for management of disease. Finding people willing to pay for the "wellness" gizmos is a smaller number.

The Data Bank: A Great Idea With Only One Fault—It Stinks.

Fifteen years ago an Oregon Congressman, Ron Wyden (now a senator), won passage of a bill to create a National Practitioner Data Bank (NPDB). The stated intent was to track bad doctors who leave town when their sins and transgressions catch up with them. Two basic areas would provide the information: malpractice suits, and hospital or health plan disciplinary actions for incompetence or misconduct. However, the NPDB is a useless failure. The value of lawsuits as a measuring device has long been known to be unrelated to quality medical care, and now investigators for the Inspector General’s Office for HHS, have reported that hospitals and HMOs rarely report any adverse action. Cynthia Grubb, HHS acting deputy director of quality assurance, stated, "the requirements are spelled out. Hospitals or health care entities must report adverse actions or face penalties." In fact, it rarely happens, and no hospital or health plan has ever been sanctioned. 84% of more than 1400 health plans and 66% of hospitals have never reported a single adverse action. Why not? Any adverse report invariably brings a lawsuit from the doctor, and squaring off against a skilled trial attorney often proves a daunting task. Ultimately, the doctor offers to resign if no report is made, the health plan or hospital is delighted to accept the resignation, the doctor leaves town, and the report goes into the round file not the data bank. The more things change, the more they remain the same.

Success Is A Great Deodorant.

The Veterans Affairs Medical Center in Lexington, Kentucky, has a policy of "extreme honesty." When a medical error is found, the patient and family are informed immediately, including events of medical negligence. The hospital averages about 14 cases a year where payments are made, which is high for a VA hospital. But the good part is that the average payout is only $15,000 where the average in the VA system is $100,000. "People don’t stay angry when they are treated honestly and respectfully," said Steve Kraman, M.D., the chief of staff. Often patients don’t even get an attorney. Moreover, some have collaborated with the hospital in patient safety efforts to see that similar errors don’t keep happening. Would such a system work in the private sector? Attorneys are skeptical (what a surprise), but some liability insurers and private hospitals are studying the Kentucky program.

Of Course Robin Hood Robbed Only The Rich. The Poor Don’t Have Money.

In Indiana, four men broke into a veterinarian’s office to steal the narcotic oxycodone. Their scheme went awry when instead they took oxytocin from the doctors pharmacy shelf. Instead of producing an opium high, the drug induces labor as well as produces lactation and a mothering instinct. The four were arrested, possibly when they were caught enrolling in childbirth class, or maybe remedial reading.

ADDENDA

- One in eight U.S. workers has at one time worked for McDonald’s.
- The original computer mouse was called an "X-Y position indicator."
- If you fell off the top of Mt. Everest, it would take two and 1/2 minutes to reach sea level.
- The airlines have furloughed so many people that the FBI had to be called in to lose the luggage.

Contents of this column do not necessarily reflect the opinion or position of the Hawaii Ophthalmological Society and the Hawaii Medical Association. Editorial comment is strictly that of the writer.