The Weathervane  Russell T. Stodd MD

I got in at two with a ten, and woke up at ten with a two.

The study on drug use done at UCLA School of Medicine reported in JAMA reveals that molecular abnormalities in the respiratory tracts of heavy smokers of marijuana and crack cocaine suggest these druggies are at increased risk of developing lung cancer. While there are still some crackheads and pot puffers who seem to think that cocaine and marijuana are not as dangerous to human tissue as tobacco, this study shows that similar molecular events are set in motion leading to lung cancer. Moreover, the study reveals that smoking more than one substance causes more potentially cancerous molecular changes than smoking tobacco alone. California voters passed a law two years ago to legalize medical marijuana, and evidence now shows that marijuana smoking is increasing among teenagers and even children as young as nine years old. The thought has been offered that the heavy campaign to curb teenagers tobacco smoking, may be having the effect of increasing use of marijuana.

Those who don't study the past will repeat its errors. Those who do study it, will find other ways to go wrong.

The American Society of Cataract and Refractive Surgery (ASCRS) conducted a retrospective anonymous survey of 4400 members regarding the incidence of infection with cataract surgery. 1284 surveys were returned revealing that one surgeon in seven (14%) had an infected patient in 1997. No statistical difference was found among corneal, limbal or scleral-corneal incisions. Incision length had no bearing, nor did intraoperative aseptic prophylaxis, draping of lids and lash margins, nor the use of povidone-iodine directly in the prep. Almost all, 96.5%, use topical antibiotics at some time during the perioperative period. The only factor which was statistically beneficial in decreasing incidence of infection was the placement of antibiotics in the infusion bottle or beneath the conjunctiva.

Medicare and Medicaid are the greatest measures yet devised to make the world safe for clerks.

Those ever-creative schemers in the HCFA bureaucracy want to establish a Medicare + Choice or Part C. The expectation is that Medicare beneficiaries are supposed to be able to choose from a variety of alternatives to traditional fee-for-service. So far, only one Medicare provider-sponsored organization (PSO) is likely to be in operation by January 1st, but others may come on later in the year. Two applications for new preferred provider organizations have been received but none for medical savings accounts, the plan which could have great appeal if properly marketed. Of course, MSAs don't offer insurance carriers the income generated by other plans. Managed care is a growing part of Medicare, but despite HCFA hoopla, enrollees in managed care plans still make up only 17% of the Medicare population.

Intelligence tests are biased toward the literate.

A woman who was eight months pregnant visited a medical center ER complaining of a sore throat. The physician performed a blood test and throat culture which revealed Hemophilus influenzae as a source of her infection. He prescribed a fluoroquinolone antibiotic after consulting the Physicians Desk Reference (PDR), which noted a warning against using the drug for children or pregnant women. That evening the patient noted some shortness of breath and dizziness, and the following day a routine OB checkup revealed that the fetus was dead. The patient sued claiming that the drug led to an allergic reaction that caused the death of the fetus. The trial judge refused the patient's request that the jury be instructed that the warning in the PDR be accepted as the standard of care. PDR entries are written to comply with FDA requirements, to provide useful information and to limit the manufacturer's liability. The court ruled that failure to adhere to PDR warnings, by itself, does not constitute negligence.

Everything is still the same. It's just a little different now.

Louis Harris and Associates recently surveyed the public in regard to occupations and how they are held in public regard. Doctors are at the top of the list at 61% (up from 52% in 1997) of 17 occupations. This is the highest score doctors have achieved since 1977. Pollsters believe that the numbers reflect a growing recognition that doctors are the primary advocates for patients in disputes with health plans. For two years in a row doctors have beat out scientists for number one. Teachers, the clergy and police officers make up the rest of the top five, while at the bottom in public esteem are journalists, union leaders, accountants, bankers and businessmen. No mention was made of lawyers, but then the list only went down to number 17.

If you think the problem is bad now, just wait until they solve it.

Today's doctor of medicine must get the undergraduate degree, struggle through four years of medical school, devote three or four more years to specialty training, and then get challenged by a patient who has made his own diagnosis off a web page. In some parts of the country, fully one-third of Americans get their health information on-line. Moreover, the patient may arrive with a copy of a piece downloaded from an organic food magazine, and ask you to discuss it. Whether the article is useful or not, the confrontation demands an extended conversation. And now, it's the retirement population that is computer surfing. When their semi-monthly dose of Viagra has worn off, they sit down at the computer, and these are the people with diabetes, cancer, high blood pressure, glaucoma, urinary retention, arthritis, emphysema, alopecia, gout, ad nausea. Remember those pre-computer times when B. Gates was merely a German greeting?