

ANESTHESIOLOGY NEWS

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Anesthesiologists, Hospitalists

Two Specialties Enhance Dialogue For Patients' Sake



When Brian Harte, MD, chair of hospital medicine at the Cleveland Clinic in Ohio, wants to locate a specific anesthesiologist, he does not need to chase down an anesthesiology manager or wrangle with a paging system. Instead, he walks 20 feet from his department to the anesthesiology group to find the person.

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POISE Data Complicate Peri-op β -Blocker Therapy

Risk for Stroke, Death Outweighs Benefit

Perioperative administration of β -blockers has been enshrined in society guidelines for more than a decade. But recently published data showing that the drugs cause more harm than good in some patients undergoing noncardiac surgery may leave hospitals and clinicians in a difficult position.

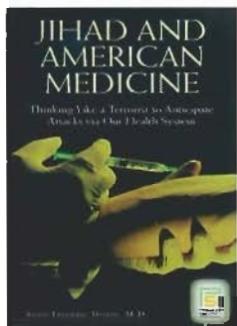
Experts said fallout from the POISE study—a 23-nation, 190-site, 8,300-plus patient assessment of the risks and benefits of perioperative β -blocker therapy in people who started taking the drugs in the hospital—published May 13 online in the *Lancet* is likely to have an immediate impact on physicians, who may balk at prescribing the drugs, and on patients, who could be reluctant to take them. The study found that although



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Is American Medicine Vulnerable to Terrorists?

Anesthesiologist Sounds Call for Tighter Health Care Security



Sabotaged I.V. bags, poison pills, terrorist doctors—these are just some of the potential threats to the American health care system, according to a California anesthesiologist who warns that security lapses are putting both patients and providers at risk.

“Our enemies, foreign and domestic, have the ability to capitalize on the vulnerabilities of U.S. hospitals and other medical institutions by exploiting our weaknesses. And, as

things stand right now, we have many, many weaknesses,” writes Adam Frederic Dorin, MD, MBA, in his provocatively titled book “Jihad and American Medicine.”

Published in November 2007, the book has gained little notice in the mainstream media, but it has a loyal following on the Internet, particularly in the right-wing blogosphere, and with some health care security experts.

“I think this is bang on. Dr. Dorin has

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put down exactly where our health structures are extremely vulnerable," said Jill A. Antoine, MD, associate professor of anesthesia and perioperative care at the University of California, San Francisco School of Medicine, and chair of the American Society of Anesthesiologists Committee on Trauma and Emergency Preparedness. "This should be required reading for every physician, health care administrator and patient."

In a review posted on amazon.com, state Sen. Andrew P. Harris, MD (R-Md.), an anesthesiologist at Johns Hopkins University School of Medicine in Baltimore, wrote: "[Dorin's book] offers insights into how and why our health care system is so vulnerable to both intentional as well as unintentional harm to patients."

An informal survey of physicians contacted by *Anesthesiology News* found that few had heard of the book and fewer still had read it. Yet doctors who specialize in security issues said the situations described by Dr. Dorin are not only plausible, but probable.

"We got a glimpse of this in Lodi, Calif., when a father-son team [was] arrested for terrorism. They had been trained in camps to blow up supermarkets and hospitals," said Lt. Gen. Paul K. Carlton, Jr., MD, a surgeon and retired general with the U.S. Air Force. "We caught two, but how many are out there all properly trained to hit our hospitals?"

The case Dr. Carlton referred to involved Umer Hayat and his son Hamid, Pakistani immigrants who were arrested in 2005 and charged with lying to federal law enforcement agents about whether they had provided material support to terrorists in their homeland. Hamid Hayat was eventually convicted and sentenced to 24 years in prison. In a separate trial, a jury deadlocked on whether to convict Umer Hayat, who eventually pleaded guilty to lying to a customs official but received no jail time.

Although prosecutors touted the case as a major win in the fight against Islamic terrorism, the Hayats had many defenders, particularly in the American Muslim community, who believed the pair had been the targets of anti-Islam bias.

Dr. Dorin, who trained at the University of Maryland School of Medicine in Baltimore, completed his residency training at Johns Hopkins, and served as an officer in the U.S. Naval Reserve.

He said he decided to write the book after the terrorist attacks on

Sept. 11, 2001, when he witnessed a group of "Middle Eastern doctors" gathered around a hospital lounge television and cheering as the planes hit their targets.

His 161-page book, published by Praeger Security International, takes full measure of the state of American health care from a security perspective. Dr. Dorin, medical director at the Sharp Grossmont Plaza Surgery Center in San Diego, depicts a medical system riddled with loopholes that could be abused by terrorists or by single

individuals intent on causing harm. He argues all health entities are at high risk for terrorist attack, because they represent "the most vulnerable of 'soft targets' of our nation's infrastructure."

The author examines "tools available to terrorists to inflict harm" such as common medicinal poisons and counterfeit drugs that could be distributed through multidose vials of medicines, I.V. bags or hospital ventilation systems. He describes security lapses in hospitals and, in particular,

surgery centers that allow visitors, delivery personnel, workers, family members and health care workers virtually unfettered entry. Identification is rarely checked, he writes, and security guards are more concerned with who leaves than who enters a hospital.

Dr. Dorin suggested that some deaths attributed to medical errors may be intentional. He cites examples of "medical killers" such as Harold Shipman, MD, a British physician who murdered approximately 250 patients, *see jihad medicine page 12*

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— Frédéric Michard, MD, PhD

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PRN

Congressman Presses HHS on Hospital Infections

Swift Action Urged for "Largely Preventable" Problem

One of the key watchdogs in Congress has vowed to put new pressure on federal agencies to do more, in a more coordinated way, about prevention of hospital-acquired infections (HAIs).

Rep. Henry Waxman (D-Calif.), chairman of the House Committee on Oversight and Government Reform, said at an April 16 hearing that if he does not see action from the Department of Health and Human Services (HHS) soon, his committee will act on the issue.

In his opening comments at the hearing, Mr. Waxman said that HAIs are the sixth leading cause of death, with 100,000 incidents each year, and yet the problem is largely preventable.

On the same day as the hearing, the U.S. Government Accountability Office

(GAO) released its report, which had been requested by Mr. Waxman. The report stated that the Centers for Disease Control and Prevention (CDC) has 13 guidelines for hospital infection control and prevention, and that the guidelines contain approximately 1,200 practices. But the GAO said HHS activities to promote implementation are not guided by prioritization. The report called for the HHS to determine, for example, how to prioritize practices that are, or may be, part of the Centers for Medicare & Medicaid Services' (CMS) conditions of participation.

Also at the hearing, Leah Binder, head of the Washington, D.C.-based Leapfrog Group on health care quality, told the committee: "As a former executive of a hospital network, I can say I know firsthand the pressures to see hospital infections page 15

'Payment policies have to be part of it. But payment policies that run ahead of science aren't going to get us where we need to be.'

—Peter J. Pronovost, MD, PhD



JIHAD MEDICINE CONTINUED FROM PAGE 11

and Vickie Dawn Jackson, a Texas nurse, sentenced to life in prison for killing 10 hospital patients. Other killers, he suggests, may have gone unnoticed. He quotes one nurse practitioner who described a former colleague: "The nurse had no explanation for why her patient went south, and yet she was the only person there. I was always suspicious of her. Maybe it was an innocent mistake and she didn't want to admit it. We'll probably never know. She's still working at the same place."

Dr. Dorin's writing style is provocative, with attention-grabbing chapter headings such as "Medi-Terror: The Stage Is Set" and "How Your Doctor Can Kill You (Without Even Knowing What He's Done)." Although much of the statistical information is cited, the author relies heavily on personal anecdotes, unsubstantiated observations and anonymous quotations that support his claims but lack corroboration. He mentions repeatedly the "Middle Eastern doctors" who cheered on 9/11—an incident that evidently has no witnesses. He quotes unnamed health care workers—doctors, nurse practitioners, military surgeons—who make inflammatory statements about security and suspect practitioners.



Adam Frederic Dorin, MD, MBA

Although the book contains a number of factual errors, such as putting the independent country of Cyprus in Greece, Dr. Dorin's critics acknowledge that many of his recommendations are reasonable, and even advisable. He calls for

closer surveillance of drug delivery systems, improvement in security at health centers and the creation of I.V. fluid bags with stronger outer plastic wrappings and replaceable caps. Dr. Dorin recommends harmless dyes be added to I.V. medicines to indicate the class of drugs. He calls on the government to increase investment in security technology, and tracking of patients, products and equipment.

Recent events suggest that some of Dr. Dorin's warnings about the drug supply should be taken to heart. On April 29, federal drug regulators announced their suspicions that a contaminant detected in Chinese heparin that has been linked to at least 81 deaths was added deliberately.

However, some physicians said Dr. Dorin overstates the security risk in hospitals, saying it panders to fear and anxiety.

Keith Candiotti, MD, associate professor of clinical anesthesiology and internal medicine at the University of Miami Leonard Miller School of Medicine, said hospitals face the same security risks as other public places such as schools and churches.

"Certainly, hospitals have security issues, but in no way is it any different than any other public facility," said Dr. Candiotti, who had not read the book but reviewed Dr. Dorin's Web site (www.adamdorin.com) after a request by *Anesthesiology News*. Dr. Candiotti has conducted research looking at emergency preparedness for biological and chemical attacks.

He added "the author makes some good suggestions generally for improving safety, but there's no reason to believe that hospitals are more vulnerable to a jihadist attack than many other public places."

But Dr. Antoine, a former military physician, said hospitals are at increased risk compared with other public places. "Imagine if, in the London bombings, they targeted not just public transportation but the hospital that was closest to the bombings. You can understand the chaos. It would be the same thing here in the United States."

The book has stirred up a small controversy online. According to Dr. Dorin, *The Washington Post* refused to run a classified advertisement for the

book because of concerns about the title. *The Post's* refusal was picked up by several right-wing bloggers, who lauded the book and criticized the newspaper's "censorship."

"Jihad" has met with mixed reviews from physicians and colleagues, Dr. Dorin said. His anesthesia group asked that its name be kept off both the book and his Web site, and he said he did not know how many people in his hospitals have read it.

"It seems people have given it the cold shoulder," he said. "I don't know why, because the themes of re-engineering the way health care is delivered to minimize medical errors and decrease the potential for intentional disasters are timely and important. I think it's a subject that people just don't want to talk about."

Dr. Dorin said he has received personal threats since the book's publication. Yet he said he wrote the book not to make a political statement but to improve the health system and save lives. His wife is of Iranian descent, he noted, and other family members are Jewish, Islamic, Christian and Mormon. He describes himself as a lifetime liberal until recently: "I've definitely moved closer to the conservative end of the spectrum when it comes to personal and community safety and national security matters."

—Christina Frangou