

Hello!

You must have seen the Teri Schiavo story making the rounds of all the news channels - for all the wrong reasons. There are two articles in this month's NEJM that take a look at this complex problem one is ' "Culture of Life" Politics at the Bedside — The Case of Terri Schiavo ' which is a look at legal aspect of medicine and other one is a perspective - Terri Schiavo — A Tragedy Compounded. Interesting reading, especially when you are in somber mood, so visit - www.nejm.org (Page 2)

There is excellent collection of articles about malaria in this month's Lancet; coinciding with the Malaria day in Africa(Page 3). It tells about the burden of malaria especially in Africa and Asia; new problems, new solutions. All in all a very readable issue and many articles are available full text - free of cost at www.thelancet.com; definitely worth a look

The Lancet editorial on page 4, "When clinical guidelines fail" tells an interesting story of man with chest pain, hypotension, and ST-segment elevation, for whom practice guidelines suggested thrombolytic therapy. However, the treating team's clinical suspicion, based on new neurological symptoms, led them to discover a dissected thoracic aorta, an absolute contraindication to thrombolytic therapy. It concludes that enthusiasm for guidelines must be tempered with the knowledge that they are fallible. They should not be a replacement for clinical judgment or for the previous gold standard, experience. The case is a dramatic example of how there remains both an art and science to clinical medicine.

There is one thought provoking article called "Who needs health care—the well or the sick? " in the current BMJ. The gist of which seems to be 'Shifting drug spending from the worried well in developed countries to those with treatable disease in poorer nations will benefit the health of everyone' Interesting reading, that one. (www.bmj.com)(Page 5)

Serum or plasma potassium concentration is one of the most commonly requested biochemical tests. Haemolysis is common, occurring in vitro in most cases—that is, during or after taking the sample. In such cases, reported potassium concentrations are clinically inaccurate, greater roughly in proportion to the degree of haemolysis. The WHO recommends that laboratories do not report potassium concentrations for haemolysed samples because of this. By not reporting a result, laboratories may imply to the clinical team that potassium concentration cannot be measured analytically. But in cases of in vivo haemolysis, a result may be of clinical use. BMJ's lesson of the week tells a report of a patient with renal failure and in vivo haemolysis who subsequently died, which highlights the problems of not reporting potassium concentrations for haemolysed samples. (Page 6)

I think that's all for this month. Thank you !

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cont.

~ Sachin ☺

NEJM, Volume 352:1630-1633 April 21, 2005 Number 16

Terri Schiavo — A Tragedy Compounded

Timothy E. Quill, M.D.

This sad saga reinforces my personal belief that the courts — though their involvement is sometimes necessary — are the last place one wants to be when working through these complex dilemmas. Although I did not examine her, from the data I reviewed, I have no doubt that Terri Schiavo was in a persistent vegetative state and that her cognitive and neurologic functions were unfortunately not going to improve. Her life could have been further prolonged with artificial hydration and nutrition, and there is some solace in knowing that she was not consciously suffering. I also believe that both her husband and her family, while seeing the situation in radically different ways, were trying to do what was right for her. Her family and the public should be reassured and educated that dying in this way can be a natural, humane process (humans died in this way for thousands of years before the advent of feeding tubes)

NEJM, Volume 352:1710-1715 April 21, 2005 Number 16

"Culture of Life" Politics at the Bedside — The Case of Terri Schiavo

George J. Annas, J.D., M.P.H.

If there is disagreement between the physician and the family, or among family members, the involvement of outside experts, including consultants, ethics committees, risk managers, lawyers, and even courts, may become inevitable — at least if the patient survives long enough to permit such involvement. It is the long-lasting nature of the persistent vegetative state that results in its persistence in the courtrooms of the United States. There is (and should be) no special law regarding the refusal of treatment that is tailored to specific diseases or prognoses, and the persistent vegetative state is no exception.^{13,14} Nor do feeding tubes have rights: people do. "Erring on the side of life" in this context often results in violating a person's body and human dignity in a way few would want for themselves. In such situations, erring on the side of liberty — specifically, the patient's right to decide on treatment — is more consistent with American values and our constitutional traditions. As the Massachusetts Supreme Judicial Court said in a 1977 case that raised the same legal question: "The constitutional right to privacy, as we conceive it, is an expression of the sanctity of individual free choice and self-determination as fundamental constituents of life. The value of life as so perceived is lessened not by a decision to refuse treatment, but by the failure to allow a competent human being the right of choice."

The Lancet, Volume 365, Number 9469 23 April 2005

Seminar: Malaria

Brian M Greenwood, Kalifa Bojang, Christopher J M Whitty, Geoffrey A T Targett

Malaria is the most important parasitic infection in people, accounting for more than 1 million deaths a year. Malaria has become a priority for the international health community and is now the focus of several new initiatives. Prevention and treatment of malaria could be greatly improved with existing methods if increased financial and labour resources were available. However, new approaches for prevention and treatment are needed. Several new drugs are under development, which are likely to be used in combinations to slow the spread of resistance, but the high cost of treatments would make sustainability difficult. Insecticide-treated bed-nets provide a simple but effective means of preventing malaria, especially with the development of longlasting nets in which insecticide is incorporated into the net fibres. One malaria vaccine, RTS,S/AS02, has shown promise in endemic areas and will shortly enter further trials. Other vaccines are being studied in clinical trials, but it will probably be at least 10 years before a malaria vaccine is ready for widespread use.

The Lancet, Volume 365, Number 9469 23 April 2005

Presumptive malaria treatment in immunisation programmes

Courses of malaria treatment given intermittently to asymptomatic individuals, known as intermittent presumptive treatment (IPT), is gaining momentum as evidence accumulates that this strategy can reduce malaria infections and anaemia.

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Here is a test to find out whether your mission in life is complete. If you're alive, it isn't.

Richard Bach

"This is the beginning of a new day. You have been given this day to use as you will. You can waste it or use it for good. What you do today is important because you are exchanging a day of your life for it. When tomorrow comes, this day will be gone forever; in its place is something that you have left behind...let it be something good."

Author Unknown

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cont.

When clinical practice guidelines fail

Beggs' case reminds us of three points. First, enthusiasm for guidelines must be tempered with the knowledge that they are fallible. They should not be a replacement for clinical judgment or for the previous gold standard, experience. The dangers in over-reliance on guidelines should be stressed to trainees, who often find comfort in the rising prevalence of management guidelines, particularly at night when their senior may not be inhouse and the trainee is reluctant to "bother" that senior at home. Second, such guidelines should not be viewed as static: they must be regularly revised and amended as new data become available or as deficiencies become apparent. Third, there remains room for interpretation. As Beggs and colleagues note, "new neurological signs are not specifically mentioned" as contraindications to thrombolytic therapy in the guidelines for management of patients with ST-segment-elevation myocardial infarction; however, aortic dissection is mentioned. The astute physician will include aortic dissection in their differential diagnosis for new-onset neurological symptoms and hypotension.

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Twenty years from now you will be more disappointed by the things that you didn't do than by the ones you did do. So throw off the bowlines. Sail away from the safe harbor. Catch the trade winds in your sails. Explore. Dream. Discover.

- **Mark Twain**

"It is not because things are difficult that we do not dare, it is because we do not dare that they are difficult."

- **Seneca**

The difference between a neurotic and a psychotic is that, while a psychotic thinks that $2 + 2 = 5$, a neurotic knows the answer is 4, but it worries him.

A young woman went to her doctor complaining of pain.

"Where are you hurting?" asked the doctor.

"You have to help me, I hurt all over", said the woman.

"What do you mean, all over?" asked the doctor, "be a little more specific."

The woman touched her right knee with her index finger and yelled, "Owe, that hurts."

Then she touched her left cheek and again yelled, "Ouch! That hurts, too." Then she touched her right earlobe, "Ouch, even THAT hurts", she cried.

The doctor checked her thoughtfully for a moment and told her his diagnosis; "You have a broken finger."

Education and debate

Current controversies

Who needs health care—the well or the sick?

Iona Heath, *general practitioner*¹

Investment in health care, especially when it is driven by the interests of pharmaceutical companies, seems to produce a J curve. For most of the curve, the more money spent, the better the health outcomes, but after a certain point, the more spending and the more emphasis on health at the expense of other areas of human activity and achievement, the worse overall health becomes. Many poorer countries are trapped high on the long arm of the curve while richer countries seem intent on exploring the upper end of the short arm through the excessive self confidence of preventive medicine.¹ The emphasis on preventive care damages patients in rich countries by tipping them towards misery. This process is built on a foundation of fear and is fanned by economic and political pressures.

Summary points

The more people are exposed to contemporary health care, the sicker they feel

We do not understand the effects of being labelled at risk

More money can be made from selling healthcare interventions for the healthy majority than for the sick minority

A tax on preventive drugs sold in rich countries could be used to fund drugs in poor countries

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Two atoms are walking down the street and they run in to each other. One says to the other, "Are you all right?"

"No, I lost an electron!"

"Are you sure?"

"Yeah, I'm positive!"

What is Ba(Na)2 ?

Banana

What is NaCl(aq), NaCl(aq), C C C C C C C ?

Saline, saline, over the seven Cs

BMJ 2005;330:949 (23 April), doi:10.1136/bmj.330.7497.949
Clinical review : *Lesson of the week*

In vitro and in vivo haemolysis and potassium measurement

A 40 year old Afro-Caribbean woman with recently diagnosed systemic lupus erythematosus was admitted to hospital as an emergency, with a five day history of vomiting, diarrhoea, and increasing weakness. Laboratory results on admission were haemoglobin 8.9 g/dl, white cell count $6.1 \times 10^9/l$, platelets $70 \times 10^9/l$, C reactive protein 36.6 mg/l, urea 31.2 mmol/l, and creatinine 423 $\mu\text{mol/l}$. Potassium concentration was not reported because the sample was grossly haemolysed. Coagulation was normal. A blood film showed diffuse fragmented cells consistent with microangiopathic haemolytic anaemia. An electrocardiogram on admission was normal.

She became increasingly drowsy, and we diagnosed her as having haemolytic uraemic syndrome with acute renal failure. Unfortunately, about a day after her admission she had an electromechanical dissociation cardiac arrest and died.

Subsequent postmortem examination showed evidence of diffuse proliferative glomerulonephritis (WHO class IV) and diffusely congested appearance, with petechial haemorrhages on the cortical surfaces, consistent with haemolytic uraemic syndrome.

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I knew it was time to upgrade our computer when I finished spell-checking a document. I had typed in a word I was certain was spelled correctly, but the computer failed to recognize it, offering instead "entrant," "interned" or "internee" as possible substitutions. The word in my document? "Internet."

A guy walks into work, and both of his ears are all bandaged up. The boss says, "What happened to your ears?"

He says, "Yesterday I was ironing a shirt when the phone rang and shhh! I accidentally answered the iron."

The boss says, "Well, that explains one ear, but what happened to your other ear?"

He says, "Well, jeez, I had to call the doctor!"

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End.