



August 29, 2007

A Hundred Thousand Dead Because of Carelessness

By Jim Freeman

These hundred thousand Americans that friends and family bury every year were not killed in auto accidents. A home fire, tornado or other unexpected disaster didn't do them in. For one reason or another, some as simple as a minor checkup and others as complicated as surgery, they came home from the hospital in a coffin.

This, for no arguable reason except carelessness. Carelessness, A) The quality of not being careful or taking pains, B) Failure to act with the prudence that a reasonable person would exercise under the same circumstances. It's an unforgiving word when someone dies as a result--an incredible word when a hundred thousand die, every year.

(Kevin Sack, NYTimes) The federal Centers for Disease Control and Prevention projected this year that one of every 22 patients would get an infection while hospitalized — 1.7 million cases a year — and that 99,000 would die, often from what began as a routine procedure. The cost of treating the infections amounts to tens of billions of dollars, experts say.

But in the past two years, a few hospitals have demonstrated that simple screening and isolation of patients, along with a relentless focus on hygiene, can reduce the number of dangerous infections. By doing so, they have fueled a national debate about whether hospitals are doing all they can to protect patients from infections, which are now linked to more deaths than diabetes or Alzheimer's disease.

Accidental hospital infection, aside from diabetes or Alzheimer's

- kills more Americans than alcoholism,
- knocks off almost *twice* as many as car crashes,
- amounts to *three times* the number of suicides,
- *five times* the homicide rate,
- *three times* all deaths by firearms and
- *five and a half times* as many deaths as are attributed to illegal drug use.

Yet we mandate seatbelts in cars by federal law, worry ourselves sick over firearms and spend \$18 billion annually (about a million dollars a death) on the War on Drugs. We expect to be at risk if we're seriously overweight. Cancer might be fatal. Everyone knows that standing under a lone tree during a thunderstorm is dangerous. Walking the edge of a highway at night, wearing dark clothes isn't a good idea and those who drive drunk have little to complain about when they hit a tree or, worse yet, another car.

But who expects to go into the hospital with a simple fracture or a tonsillectomy and come out dead?

We've named the killer. He does not stalk the halls unknown and shrouded in mystery. Methicillin resistant Staphylococcus aureus (MRSA) comes to us mostly courtesy of lazy pediatricians and demanding parents. "Give the kid an antibiotic," the siren-call of overuse that lead to the Darwinian development of drug-resistant strains. In the sixty years since penicillin and other 'cillins' commonly used against infection, various bacteria were busy counting the dead and restructuring the survivors. If that sounds like a battle-plan, it's not too much of a stretch.

Voila! Superbug!

Aside from the outright death rate,

(Wikipedia) patients with MRSA infection had, on average, 3 times the length of hospital stay, 3 times the total charges (\$48,824 vs \$14,141), and 5 times the risk of in-hospital death than inpatients without this infection.

Controlling MRSA is amazingly basic to what we used to think of as standard hospital cleanliness—wash your hands, wash your tools, wash the floors.

The disease control agency projected seven years ago that the added annual cost of treating infected hospital patients was nearly \$5 billion. Now officials there believe it may approach \$20 billion, or 1 percent of the nation's \$2 trillion health care bill. Other experts put the number above \$30 billion.

Of course a billion used to be a serious buck. These days it's a number on the way to another number and otherwise without meaning. Still . . . a death rate of 34% within 30 days among patients infected with MRSA . . . and it's not a pretty death.

Johanna Sullivan Daly, a 63-year-old Brooklyn woman, developed MRSA and other infections after surgery to repair a broken shoulder in 2004, said one of her daughters, Maureen J. Daly. Ms. Daly said that just before her mother's discharge from a Manhattan hospital, she watched a doctor remove her dressings with bare, unwashed hands.

Five days later, her mother developed intense pain and they went to have her wound examined. "When the dressing came off," Ms. Daly said, "I saw this — I can't describe the smell, it was the foulest thing — just this greenish fluid coming out of her arm, oozing and oozing."

Soon after, her mother developed a high fever and then lost the ability to move her limbs, Ms. Daly said. She spent several months on a ventilator before dying in a nursing home. The hospital bill came to \$600,000 for what was to have been a \$40,000 procedure.

\$560,000 for covering up their own mistakes and Mrs. Sullivan *died* in the process.

The hospital would offer an alternate reality, no doubt. There would be words like *unavoidable* and *in spite of the best efforts*, along with *statistically possible*. It's like a Civil-War field hospital out there and there's no reason for it other than

carelessness.

We expect restaurant-workers to wash their hands after using the toilet. Is it too much to expect a doctor to wash in between patients and use latex gloves as appropriate?

Pittsburgh veterans hospital has found that preventing infection is cost-effective.

Dr. Rajiv Jain, the hospital's chief of staff, said its infection control program cost about \$500,000 a year, including test kits, salaries for three workers and the \$175-per-patient expense of gloves, gowns and hand sanitizer. But the hospital, which has a \$431 million budget, realized a net savings of nearly \$900,000 when the number of infected patients fell, Dr. Jain said.

To say nothing of the patients who went home in a car instead of with a sheet pulled over their face.

It's typical—understandable, but typical, for hospitals to put a dollar-value on procedures, even when they're life saving. For unknown reasons, life-threatening procedures don't seem to get similar scrutiny. Come to think of it, maybe the reasons are not *entirely* unknown. *Someone* actually paid Mrs. Sullivan's \$600,000 bill. But that may be about to change.

(ABC News) Under new rules issued in the beginning of August, Medicare will no longer pay for the costs of what it considers "preventable" conditions acquired in the hospital. These include everything from certain types of hospital-acquired infections, to patients who are given transfusions with the wrong blood type, to bed sores.

Instead, the hospitals themselves will have to cover these costs (since the rules also prevent them from billing the patient).

Money, which is rumored to make the world go around, will now make the doctors do what doctors have been required to do ever since taking the Hippocratic Oath—*do no harm.*