# drfleablog

One Pediatrician's Perspective



## A Blog By Any Other Name Would Taste As Crunchy

By Flea

Ami Chopine, author of the eponymous blog, used to write a tasty little morsel called The Granola Rules. Ami has now finished her granola and is prepared to host Pediatric Grand Rounds 2:3 next Sunday, May 20.

Please send submissions to ami(at)geekatplayDOTcom by May 19th.

Ami humbly asks for posts written on a particular theme: the role of the doctor in the child's life and/or the role of the child in the doctor's life.

Now, Flea doesn't much care for "Theme Rounds". His problem boils down to a difficulty writing about stuff that other people want him to write about. It's tough enough coming up with our own material! Another problem is the scant input PGR has been receiving of late. We certainly want to avoid any constraints that might further depress interest in our already tiny enterprise.



## The Case for Openness to the Unbidden

By Flea

The Case Against Perfection: Ethics in the Age of Genetic Engineering, by Michael J. Sandel. Cambridge, MA: Belknap Press, 2007 (176 pp.)

Michael Sandel was as surprised as anyone, when, in 2001, he was invited to join the president's Council on Bioethics. A life-long democrat, Sandel was sure he was brought along as the "token liberal".

In fact, the committee chairman, Leon Kass, and others, must have located something in Sandel's earlier writings that separated him from the herd of the left-wing zealots who accompany Sandel on the faculty at Harvard.

Indeed, Kass was right. Sandel is not your standard-issue Harvard liberal. It turns out there is more thoughtful traditionalist in Sandel than you might find in the average Cantabrigian. In 2004, as part of his work on the Committee on Bioethics, Sandel produced an article for the Atlantic Monthly on the ethics of genetic enhancement. That article became the groundwork for Sandel's latest volume.

[*Full-Disclosure Statement*: Sandel is a member of Flea's shul. Flea was present at Sandel's daughter's Bat Mitzvah. Sandel recently gave a drash based on this book, after which Flea had a long, pleasant and enlightening conversation with the author.]

The triumph of medical genetics presents us with a promise and a problem. In a relatively short period of time, medical science has graduated from the "School of Leeches" to the school of genetic enhancement. We are able to screen embryos for genetic defects that give rise to miserable medical conditions. The current science, then, permits us to reduce a fair amount of human suffering. That same technology permits us to do other things as well: select the sex of a child, for example. Sandel's essential question comes down to this: Should we permit genetic engineering to be used for genetic enhancement? Should we use what we know to make our children better, smarter, stronger, faster, and better-looking?

Sandel's answer is 'no'.

There are two reasons for this: First, Sandel argues, genetic enhancement of our children erodes our sense of 'openness to the unbidden'. The latter is defined as an appreciation that we want children, but we cannot choose

what we get. Nevertheless we are enjoined to love our children unconditionally. Would we love them as much if the genetic enhancements we planned for them failed to 'take'? Furthermore, genetic enhancement erodes our sense of the gifted nature of life and of our children.

Second, according to Sandel, genetic enhancement mucks with our ethical sensibilities as well. Part of the reason we agree to share risk with others in an insurance pool is that we all start out products of a sort of genetic crap shoot. We didn't choose our history of coronary heart disease and they didn't choose their history of breast cancer. As we are all in more or less the same boat, our ethical sensibility demands that we sympathize with our fellows. Sandel asks, what happens when you become a product of genetic enhancement? Do you feel the same kinship to your less well-endowed neighbor? Sandel argues in the negative.

Sandel closes the book with a nuanced argument in favor of stem-cell research. Here is where he parts company with the committee as a whole. Flea supposes he needed to reach for some measure of liberal *bona fides*. Sandel succeeds in remaining on message while explaining that stem-cell research can proceed in an ethical manner.

For Flea's readers who are unfamiliar with the bioethics literature, The Case Against Perfection may be a tough read. The argumentation is very tight and spare, but that does not render it any easier to understand. The entire volume, at 176 pages including notes and bibliography, is nevertheless accessible to the novice. It can be polished off during one afternoon under the umbrella at the beach.

This Mother's Day, why not pop over to Amazon and get this book as a gift for your mom? After all, she gave you a gift, too.

Posted on: Sat, May 12 2007 3:04 PM | Updated: Sun, May 13 2007 10:29 AM | Email This | Clip/Blog This Keep New:

## SSSSSHHHHH!!!!!

By Flea

For a scientist and a physician, Flea is one superstitious mo-fo.

Of course, some superstitions carry with them a higher metaphysical valence than others. For example, if a manager steps on the baseline on his way to the pitcher's mound, for Flea, this is no big deal. For others such a mis-step constitutes a blunder so heinous that the team might as well declare a forfeit right then and there, so small become the chances of his team winning.

In contrast, the "no-hitter" superstition is one that virtually everybody who knows and cares for the game of baseball regards with the greatest degree of reverence.

Say the pitcher for your team (we'll call him Davy) reaches the 6th or 7th inning and he has failed to surrender a base-hit to his opponents. That's pretty good. There's a measurable though small likelihood that he might finish the game without surrendering any hits. That circumstance, a no-hitter, is *very good* indeed.

Here's the catch: Though everybody in the stadium, not least the pitcher's teammates, knows that a no-hitter might happen, they are absolutely forbidden by the gods of baseball to suggest **out loud** that such a thing might happen. Late in the game, speaking to the pitcher becomes illegal. By the eighth inning, baseball custom demands that between innings the pitcher's teammates will sit as far away from him as possible so as to reduce the chances that they might accidentally speak to him.

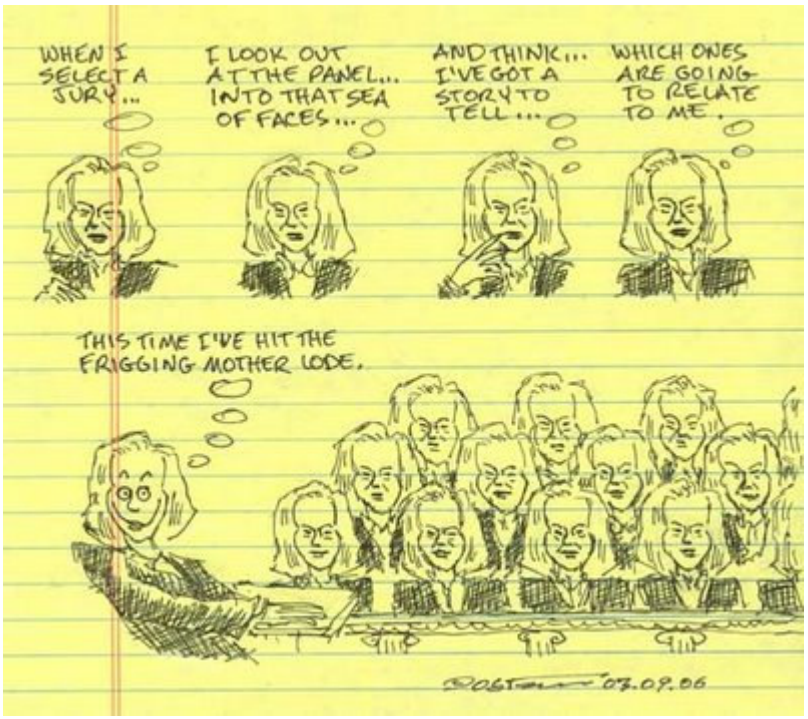
Say, for example, your 10-year old nephew, in a weak moment, blurts out "Hey Flea, d'ya think Davy's gonna pitch a no-hitter? Do ya', huh?". There is now a metaphysical certainty that the ball now leaving Davy's hand will next encounter a bat, swung in its direction *very hard*. When that ball then rolls to a stop under a car parked outside the stadium, the nephew is ritualistically drowned in beer.

What's happening in Flea's life right now is not unlike a pitcher at mid-game, doing pretty well. But it's not like he's gonna... you know... whatever. Not even gonna mention it. Right?

Posted on: Fri, May 11 2007 11:59 AM | Updated: Fri, May 11 2007 1:38 PM | Email This | Clip/Blog This Keep New:

## Flea on Trial - Day One: Jury Selection

By Flea




Flea hadn't seen his patient's mother in almost five years. She looked awful. She was there with her ex-husband and their daughter, neither of whom Flea had ever met. For the entire four hours that it took to select a jury, it appeared that she did not move a muscle. In fact, none of the family moved hardly at all, with the exception of the father, who occasionally turned his head from side to side. Flea felt terrible for them. It seemed as though they really didn't want to be there. The daughter certainly didn't want to be there. Was it the same for the mother?

The jurors really *really* didn't want to be there. The poor young woman sitting in seat number one looked as though she wanted to jump out the window when she realized she was actually going to be impanelled. Some of the jurors appeared to be sleeping by the end of the selection process. Flea trusts they will remain awake during the actual proceedings.

Flea was able to form an opinion of the plaintiff's attorney (we'll call her Carissa Lunt). Attorney Lunt has not an ounce of fat on her body. Her features are sharp and angular and not particularly pleasant. You don't get a warm and fuzzy from her. She has no sense of humor. You know when you overhear someone chit-chatting and she tries to say something funny and it really isn't and nobody laughs? That's her. Attorney Lunt bites her fingers. In court. She's a finger-biter. Wonder if she's a pillow biter too?

The judge (we'll call him Judge Acres) is a tall guy with lots of grey wavy hair. In robes and horn rim glasses he looks like a judge. In T-shirt and shorts he looks like the guy shooting hoops by himself at the playground on Saturday. Flea likes him a lot.

Attorney Lunt eliminated six jurors with preemptory challenges. All were men and all were college-educated. We challenged two. Both were women. One sounded like she might accept the "Flea is a blithering idiot" argument. The other suffered from the disease that killed Flea's patient. That left nine women and five men (Flea realizes this sum makes fourteen. Two are alternates) Most of them are young. Flea supposes that attorney Lunt believes that poorly-educated young women are more likely to be sympathetic to her clients. Maybe she's right, but Flea would much rather speak to fourteen poorly-educated young women than fourteen college-educated men. Flea spends all of his working hours speaking to young moms. Young women are his natural constituency.

The enduring memory of jury-selection day was *the quiet*. It was kinda like a monastery. For most of the day all, even when the room was full of hot, impatient, discomfited jurors, all that could be heard was the sound of conditioned air rumbling through the ducts in the ceiling.

Flea made lots of eye contact with the jury. These look like people we can speak to. We very much look forward to speaking to them.



## Dress Rehearsal

By Flea


Today Flea spent two hours on the phone with his lawyer, going over questions that he plans to ask Flea when the defense gets the case (probably early next week).

Flea had in front of him a large black loose-leaf notebook called a "jury book" that all of us will be looking at during the trial. For the thousandth time, we read together the notes Flea wrote about the patient and went over answers to questions about it.

The jury book is prepared by the plaintiffs, so its organization is such that Flea is designed to look negligent. That is to say, the sections are not organized chronologically. Surely the jurors will notice this and will not care.

In our conversation we focused on the areas that we think Flea's adversary will try to impugn our management of the patient. Flea's lawyer even suggested that she may pull articles from Flea's "legitimate" web site to use against him.

Finally, Flea's lawyer suggested that the first few days of the trial are probably not going to go well for us. That is because the plaintiff's are in the driver's seat and they get to drive the agenda. That agenda, for those who haven't been following this saga, is to demonstrate that Flea is a blithering idiot. As the plaintiff's case will bridge the coming weekend, we may have to sit with the feeling of a trial going badly through Shabbes. Then we get the case.

Jury selection begins tomorrow.

Are you ready? Let's roll.



## A Witness for the Prosecution

By Flea

*A word of explanation and apology: Flea has kept silent on the details of the case for which he is being sued. This is a deliberate attempt to preserve the patient's anonymity until the trial is over. It appears to Flea unseemly and disrespectful to his memory to do otherwise.*

*For this reason, many readers are likely to become confused as to what's going on as the trial gets underway. We promise we'll try to summarize the case as best we can when it's over, making sure to alter details as appropriate.*

Flea's lawyer called him today. It seems the managers have exchanged line-up cards. To extend the baseball analogy for those who are still reading, we now know what the batting order will be at our trial this week.

On the second day of the trial, a former colleague of Flea's will testify against him.

During the very brief period that Flea knew the patient, he called this colleague (let us call him "Dr. Arnold") and asked for advice. It had been taking an unreasonably long period of time to acquire a consult for Flea's patient. Flea called Dr. Arnold to ask him what we could do for the patient's benefit until a consult could be obtained. Dr. Arnold gave Flea the name of a drug and a dose. Flea documented the conversation in the patient's chart.

When Flea's lawyer deposed Dr. Arnold three years ago, Dr. A denied ever having made such a suggestion. In fact, Dr. A claimed that he would *never* make such a suggestion.

Today, Flea learned that Dr. Arnold has become a witness for the prosecution. He started out as our witness. Now he's theirs.

**It is important for readers of Flea to understand that the problem for which we called Dr. Arnold had nothing whatsoever to do with the circumstances that led to the patient's death.**

Dr. Arnold is being called to the stand for only one reason: to damage Flea's credibility. The argument goes like this: if Dr. Flea can muff the details of a simple phone call with a colleague, surely he's enough of an idiot to miss a diagnosis that any first-year medical student could make!

All Flea wants to know is, what on earth possessed Dr. Arnold to testify against his former colleague? Surely he isn't concerned with covering his ass! When Flea reveals the details of the case, the reasons why Dr. Arnold's ass is not in jeopardy will become apparent. It can't be the money, Dr. Arnold has a full-time practice that keeps him very busy. Flea and Dr. Arnold got along very well when we were both at TBFCHITW.

Why'd he turn on Flea now?

*Update! Here's why: As suggested by one of the commenters, Dr. Arnold was subpeonaed to appear. According to Dr. A's lawyer, Arnold feels badly about having to do this. According to Flea's lawyer, the reason Dr. A is being called by the plaintiff's is to argue that Flea fraudulently documented a phone conversation with Dr. A.*

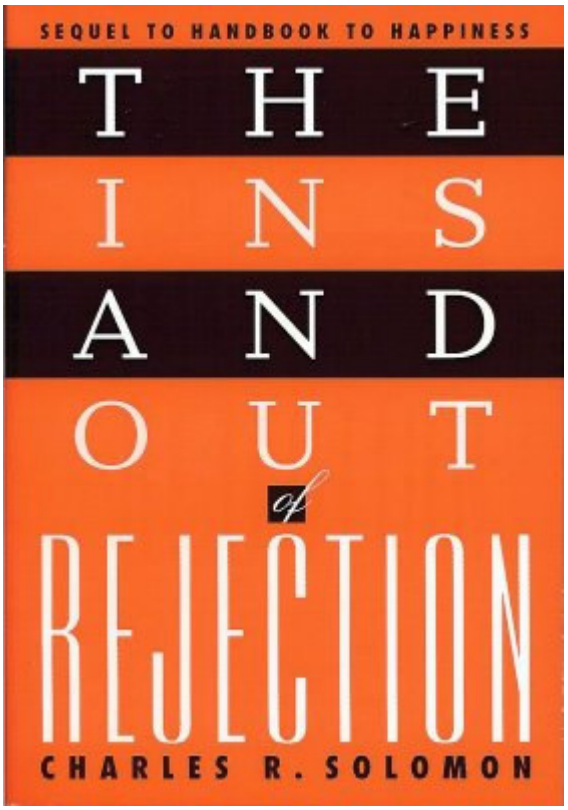
*Flea almost wishes the plaintiffs were still accusing him of being a friggin' moron - accusations of fraud smell nastier.*

2 References

Posted on: Mon, May 7 2007 5:41 AM | Updated: Tue, May 8 2007 8:35 AM | Email This | Clip/Blog This Keep New:

## Suppose They Gave PGR and Nobody Came?

By Flea




The first edition of Pediatric Grand Rounds' second year is up over at Moreena's blog, The Wait and the Wonder.

Moreena sent Flea an email last night. With apologies for neglecting to ask permission first, here's what it said (with a minor emendation):

"Thank you! The number of submissions was piteous. Do you have any ideas how to increase participation? Do the med bloggers feel it is being hijacked by parents? Or is that my paranoia speaking again?"

Sadly, Moreena's right. Flea-bloggers haven't exactly jumpted aboard the PGR bandwagon with both feet. And as

Moreena correctly points out, Parent-bloggers occupy increasingly large portions of PGR space. Flea has nothing against parent bloggers, certainly nothing against Moreena, who writes a lovely blog. He believes only that the letters "PGR" ought to stand for "Pediatric Grand Rounds", in the commonly understood sense, if there is such a thing as a "commonly understood sense" in the blogosphere. That means presentations by the "professional half" of the doctor-patient relationship. Again, there is nothing wrong in principle with parent-blogs. Flea only wishes they had their own forum. If PGR were to fail then for lack of participation, so be it.

Flea does indeed have ideas as to how to increase participation: Send emails to flea-bloggers on your blogroll and remind/ask them. Flea has done this in the past. Or you could just wait for Shinga to send you her long list of excellent suggestions.



## QED

By Flea

In the course of our discussion regarding hospitalists, two of Flea's interlocutors, including Clark Bartram, pointed out that the skills of the pediatric hospitalist and your garden-variety office-based primary-care flea are "different".

Their comments lend proof to an uncomfortable truth about office-based Pediatrics about which Flea has been ranting for a long time.

Let us examine the differences, shall we?

Clark, a pedie-hospitalist, encounters many "vocally unhappy parents who are relieved to have their child managed by a hospitalist". He also notes, anectdotally, "an ever growing number of patients who come in with a history of wrong diagnoses and subsequent wrong medical management or, more often, right diagnoses with wrong medical management."

An anonymous commenter apolgizes in observing that "outpatient and inpatient skills in medicine can be two very different skill sets. In the perfect world one doc can do it all." (DIGRESSION: Folks! Please don't apologize for expressing points of view. We're all grown-ups here.)

Anon reiterates and expands: "The other fact is that outpatient and inpatient skills can be very different. My expertise now is in inpatient medicine and when I am handing off discharged patient's to PCP's it shows."

Clark and Anon appear to be observing two slightly different takes on the same disturbing trend. Their arguments can be rephrased as follows: Fleas in primary care are so out-of-practice in taking care of hospitalized children that they do a bad job of it.

That would be scann'd: What the hell are fleas doing in primary care? Flea and Clark and Anon (if he's a flea) were all trained in hospital settings to care for sick kids! When Flea was unleashed on the world, he was very good indeed in the diagnosis and management of pediatric disease, particularly in hospitalized patients. By contrast, he sucked at taking care of well kids. The latter "skill" had to be learned on the job.

What we are left with is a cohort of physicians who have forgotten almost everything they learned in training! And yet we retain an apprehension that the well children we see in the office are identical in essence to the sick children we cared for as residents and fellows. As a result, we tend to over-test, over-diagnose, and over-treat many children who do not even require the ministrations of a physician! And too often we hand the children over to pediatric hospitalists who shake their heads in disbelief at how dumb we've gotten since going out into the world.

The primary-care flea is neither fish nor fowl. He's not even an insect. He is over-trained to care for well children and yet forgets how to care for sick kids.

It's time for pediatricians to retreat to the hospitals from whence we came and focus our efforts on the things we do best: caring for sick children. Let the Family Practitioners and Nurse Practitioners care for the healthy kids.

3 References



## Hellooooo Monkey Girl!

By Flea


Faithful readers of Flea, say hello to Monkey Girl, host of Musings of a Highly Trained Monkey. She appears to be an ED nurse out there somewhere. Her latest post is a

gem. Check it out.

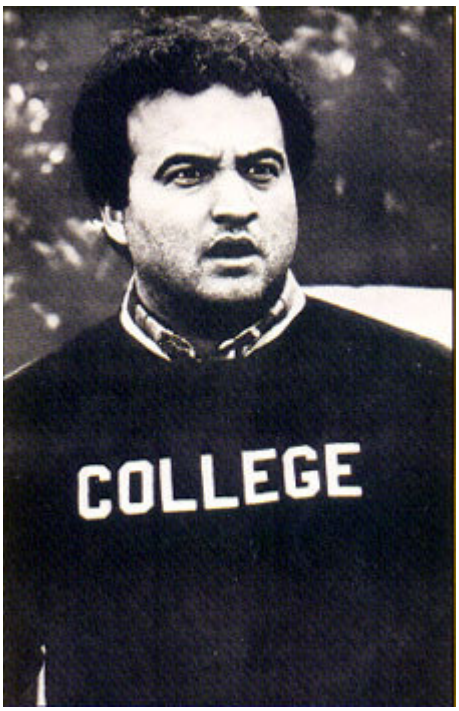
Flea wishes to use this opportunity to point out that his so-called "problem with the ED" begins and ends with the fleas who send their non-emergently ill patients there, and who fail to instruct the parents to call them first. Once in the ED, Flea expects ED docs to do what ED docs do. If the lines of communication between Flea and the ED were more open, that would be good. But the "lesion" lies further upstream.

Flea's got nothing against ED docs. Some of them are real-life personal friends of his. And some of them are *killer* bloggers.

Posted on: Wed, May 2 2007 5:19 AM | Updated: Wed, May 2 2007 6:28 AM | Email This | Clip/Blog This Keep New:

## The Surgeon is a Flea

By Flea




Aggravated DocSurg gave us a shout yesterday.

It seems my "brotha from anotha motha" has been forced to manage his surgical patients' medical problems. This is because the hospitalists where he works aren't doing a very good job. It goes without saying that the primary care docs aren't in the hospital to do the same. So management of congestive heart failure, brittle diabetes, and COPD falls to DocSurg.

It's not that medical management is tough for a surgeon. If nothing else, it's good practice for him. The point is h*e shouldn't freakin' need to be doing it*!

So he calls himself a flea.

At the risk of diverting attention from the subject at hand, Flea wishes to point out that the designation "flea" has myriad meanings in the context of this blog. At times, the name is a sort of reverse-chic badge of courage. At other times it is used as a cudgel to club our pediatric colleagues for allowing larger, more powerful forces to walk all over us. Such is the case with the hospitalist movement.

Flea has little sympathy for docs who complain about hospitalists. It's our own friggin' fault that the hospitalist

movement exists in the first place! Too many of us were happy enough to hand off patients to other docs. For those of us unhappy with the concept, Flea believes we could have bitched louder and longer. Flea won't admit patients to hospitals with hospitalist programs. This is one approach, but Flea acknowledges that such selectivity is easy for him because he has *choices*. If a pediatrician has no choice, we guess he's gotta bend over and take it.

There is no more stinging indictment of the hospitalist phenomenon than this: *The patients hate it*. They want to be cared for by their own doctors. When will the peeps speak up and tell the hospitals they hate the hospitalists? If the powers that be won't listen to the fleas, perhaps they'll listen to the customers.

2 References

Posted on: Mon, Apr 30 2007 9:56 AM | Updated: Mon, Apr 30 2007 11:28 AM | Email This | Clip/Blog This Keep New:

## In Her Own Words

By Flea

If the plaintiff's lawyer in Flea's upcoming trial is any good at all, she's already Googled Flea.

Goodness knows Flea's Googled her.

Flea knows where and when she went to high school, college and law school. We have her engagement and wedding announcements from the New York Times. We even found her mother online.

Our favorite find is a set of PowerPoint slides she made for a lecture at a local law school. For reasons presently unclear, Flea's adversary chose a rusty lock and key as the graphical theme of her presentation.

The subject of the lecture was malpractice, naturally.

According to Flea's adversary, there are three reasons why patients become clients:

1. They want explanations for what happened to them.

2. They want money to be able to care for a child or family in the future.
3. They want to prevent the bad outcome that befell them from happening to others.

The first reason makes no sense. Surely a lawsuit is not necessary to extract an explanation from a physician, is it? The second reason, on the other hand, makes *a lot of sense*. Flea's favorite, though, is the last reason. You have to admire some people's altruism.

The so-called "benefits" of malpractice litigation are listed as the following:

1. Particular physicians will take better care of their patients in the future.
2. Practice guidelines and protocols will be developed.
3. "Society" will be relieved of the obligation of paying for the care of the injured.

If "more defensive medicine" equals "better care", then Flea's adversary is right... except that defensive medicine is *worse* care, so she's wrong. As for practice guidelines and protocols, Flea acknowledges one paramount advantage: they relieve a physician of the obligation of having to think. Finally, "society" does *indeed* pay for the cost of paying for the injured. We're all paying dearly.

What patients hope for and expect from malpractice litigation is "compensation, explanation, and a safer healthcare system". Flea's adversary could have stopped with compensation. As we said before, if a patient wants an explanation, he can acquire it much less expensively than a lawsuit: He can ask the doctor.

There is also a slide that summarizes what doctors need. The list certainly does not exhaust the desiderata of the average physician, even with respect to malpractice. Nevertheless, Flea was impressed to see that his Adversary was right on all four points:

1. We want to be paid reasonably.
2. We want to be able to afford our malpractice premiums.
3. We want to be able to admit we are human without fear of being sued for saying so.
4. We want incentives to improve outcomes.

Number four opens the whole "P4P" can of worms, but the concept is sound.

The concluding slide was puzzling. It includes a plea for honesty on the part of doctors (attorneys, presumably, do require such a plea). There is also a cryptic statement identifying the malpractice insurance industry as a "business" (What? Flea thought ProMutual was in the game to make friends!)

Last was a prayer for safer and better care.

Amen, sister (or something...)



## Flea's Ties

By Flea

Flea has never purchased a tie for himself. He doesn't need to. Folks buy him Save the Children ties.

These are great ties. Most neckwear for men is too flashy or fruity for Flea. It's increasingly difficult to find a tie that does not embarrass the wearer.

Now we learn that Save the Children has hooked up with American Idol to raise money for the kids. Flea heard Mark Shriver (yes, that Shriver family) on the radio yesterday talking about the work that STC is doing in the states and Africa. Shriver mentioned that the organization helps raise awareness of poverty and hunger in the U.S. and overseas.

Mike Barnicle, who was interviewing Shriver, asked him if hunger was defined differently in the U.S. than in Africa [Great question!, Flea thought]

Shriver answered that STC's efforts in the U.S. were directed not at hunger but at *literacy*. Flea's heart jumped. This is exactly the kind of effort that is needed to stamp out hunger and poverty here and throughout the world.

There's a hackneyed saying that goes: "Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for the rest of his life."

Save the Children, it turns out, is in the business of teaching men to fish, or teaching children to read as the case may be. It's not about income redistribution, and it's not about entitlements. Teaching reading provides humans with one of the most valuable tools we need to improve our circumstances in life.

Flea would buy a tie for that cause. Hell, he'd buy ten!

Posted on: Fri, Apr 27 2007 2:22 AM | Updated: Fri, Apr 27 2007 2:34 AM | Email This | Clip/Blog This Keep New:

## What Do Malpractice Juries Care About?

More notes from Flea's day with his trial-prep advisor:

Question: Besides the defendant, what other party is present in the courtroom completely against their will?

Answer: The jury.

Juries, Flea is told, sympathize more with the flea in the box than you might guess. Jurors, like physician-defendants, tend to feel anxious and unsure of themselves, at least initially.

All that was nice and reassuring. What Flea heard next, however, fairly blew him away.

A jury's decision-making process depends more on the doctor's character, or what they perceive the doctor's character to be, than on the medical facts of the case. The break-down was astonishing: Doctor's character accounts for 97% of a jury's decision, the medical facts of the case, 3%.

Did y'all get that? The facts of the case amount to roughly squat. What really matters is the impression Flea will make on the jury.

Regarding the doctor's character, a juror asks himself the following questions:

1. **Can I trust this doctor?** The advisor told Flea that a lot of his trustworthiness has less to do with the words that come out of his mouth and more to do with the shape of his face. She told Flea he has a "compassionate face", according to some arcane biometrics. All good so far. The effectiveness of Flea's presentation at trial is 80% visual and 15% non-verbal communication (body-language, etc.) Very little of the trust factor comes from from the content of the medical decision-making the jury will learn about.

2. **If I was in a medical crisis, would I be in safe hands with him?** This question breaks down further into two more bits: What are the doctor's credentials, and does he appear to have good judgment? The former counts for about 25%, the latter for about 75%. Flea hasn't mentioned his embarrassingly flashy CV, but he has worried that it might come back to bite him in the context of a malpractice trial ("Doctor, you have all this Ivy League parchment hanging on your wall and yet you acted like a dumb-ass pre-med, did you not?") Fortunately, the CV doesn't matter as much as we had worried.

And most important:

3.**Under the circumstances, did Flea do the best he could**? This will not be difficult to demonstrate at trial.

Finally,

4. **Did Flea make the proper medical decision?** This is the bit that amounts to only 3% of a jury's decision-making process.

The plaintiff's attorney's job, then, is to destroy Flea's character. Flea's job is to preserve it.

We've said it before and we'll say it again: if the basis of this case is that Flea is an arrogant, uncaring jerk who maliciously neglected a patient, resulting in his death, the plaintiff will not win, *period*. As much of a cocky bastard that Flea may appear in the blogosphere, the readers who have a personal acquaintance with the real 3-D doctor understand how such an approach cannot succeed.

The only tack that has a prayer of prevailing is to prove to the jury that the doctor is a drooling, blithering idiot.

Flea's only remaining fear is that the (female) plaintiff's attorney will be mean to him.

Posted on: Thu, Apr 26 2007 2:45 AM | Updated: Thu, Apr 26 2007 3:26 AM | Email This | Clip/Blog This Keep New:

## Don't Just Do Something, Stand There!

By Flea

Great post from Sandy over at Junkfood Science:

It turns out there is a stunning lack of evidence that obesity screening and prevention programs are working. To be precise, there is no evidence that obesity screening and prevention programs *aren't* working, either: There's simply no evidence, period.

A group from York, England published a systematic review of published and un-published works from the electronic databases (subscription is required for the full link). They included "any study that evaluated measures of overweight and obesity as part of a population-level assessment and excluded studies whose primary outcome measure was prevalence".

The findings? "There were no trials assessing the effectiveness of monitoring or screening for overweight and

obesity. Studies focussed on the diagnostic accuracy of measurements. Information on the attitudes of children, parents and health professionals to monitoring was extremely sparse."

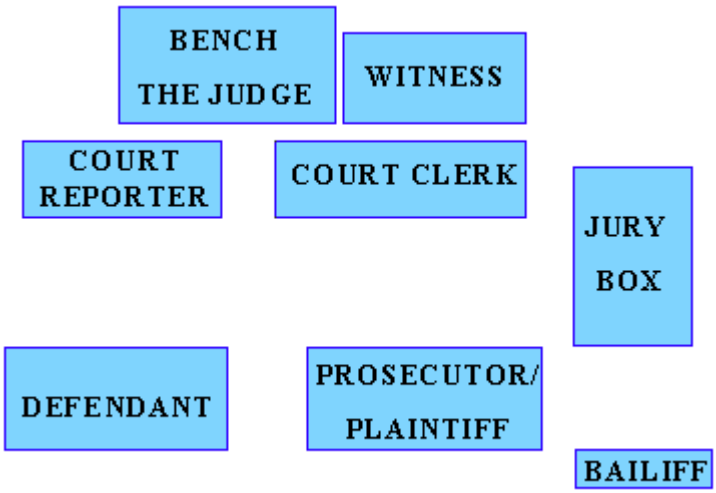
And yet, Flea's community and communities throughout the English-speaking world are going full-bore at interventions aimed at obesity. Many of Flea's contracts with third-party providers include requirements that he make "some kind of intervention" for any child with a body-mass index of 85 m2/Kg or greater. To spell this out in plain English: if Flea doesn't do "disease management" for obesity he doesn't get paid.

Folks, let's be clear about this: obesity is a problem. We don't know how to fix it. Let's stop pretending we do.

Posted on: Wed, Apr 25 2007 9:58 AM | Updated: Wed, Apr 25 2007 10:14 AM | Email This | Clip/Blog This Keep New:

## Flea Takes a Screen Test

By Flea




Flea spent most of the day in his attorney's office. A well-known jury preparation expert had been brought into town to teach Flea how to be examined by a hostile plaintiff's attorney.

Flea was shown a diagram of the courtroom similar to this one. There is a subtle yet important difference to what is shown here: In Massachusetts, the defendant himself does not sit at the "defendant table". Flea was instructed to find a seat in the front row of the gallery on the right as close to the jury as possible.

Flea will probably be the plaintiff's first witness. He was instructed to angle his chair slightly toward the jury, and to keep his claws folded in his lap. He was instructed to turn his head toward the plaintiff's attorney while answering questions, then to turn to face the jury and answer slowly, separating words, and loudly enough for the farthest juror to hear. Answers should be kept to no more than three sentences.

With that introduction, Flea's instructor set up a camera and we tried it out. With the camera rolling, Flea turned his head toward the "plaintiff's attorney" and heard generic questions about Pediatrics. Then he turned his head back toward the "jury" that he was facing and answered in slow, measured sentences. Most of the time, he exceeded the three-sentence limit. We'll have to work on that.

Finally, Flea was given a DVD of his screen test and a script to practice the head turning and slow-question-answering-thing daily until trial date.

Along the way, Flea was given some fascinating insights as to what makes juries tick. More on this later.

Posted on: Tue, Apr 24 2007 11:29 AM | Updated: Tue, Apr 24 2007 12:17 PM | Email This | Clip/Blog This Keep New:

## Happy B-Day, PGR!

By Flea

The father of Pediatric Grand Rounds, Clark Bartram, provides a retrospective on the occasion of PGR's first birthday. It's sort of a *meta* Best Of the pediatric blogosphere.

Flea's impression one year later is that ours remains a teeny-weeny corner of the medical blogosphere, that itself represents a teeny-weeny corner of the universal blogosphere. Is anybody out there listening? Clark's contribution helps focus attention to us and what we have to say, and for this we all owe him a debt of appreciation.

Posted on: Tue, Apr 24 2007 12:30 AM | Updated: Tue, Apr 24 2007 12:46 AM | Email This | Clip/Blog This Keep New:

## Why Flea Blogs

By Flea

Dinah from Shrink Rap tagged Flea with the "Why Do You Blog?" meme.

1. **Catharsis:** There are things that Flea has been dying to say for years but can't precisely because he is a physician (see #4 below). It's positively therapeutic to be able to unburden ourselves in this forum.

2. **Neosporin:** It's a wonder drug, a floor wax *and* a dessert topping! Thank God for Neosporin!

3. **Writing Practice**: Flea's gonna write a book some day, maybe, if he can stop blogging long enough to commit more than 100 words to paper.

4. **Malpractice:** See #1. There is such shame and stigma attached to being sued that we doctor-types find we can't even talk about our own malpractice cases amongst ourselves! Flea believes the folks ought to hear our stories.

5. **The Message**: Our culture is suffused with messages telling parents that their children are sick, or potentially sick: one sniffle away from certain doom. Flea's message is that American children are the healthiest children that ever lived on planet Earth. We should *celebrate* our good fortune.

The culture tells us the children are defined by series of capital letters: ADD, ADHD, ASD, PDD-NOS, OCD. Flea wants children to be called by the *names their parents gave them*.

Pediatrics today consists of daily exercises in over-testing, over-diagnosing, over-treating, and over-admiting to hospital. Flea wants the folks to know that often the best thing to do for a child is to keep him or her the hell out of the pediatrician's office!

Pediatricians who write for newspapers and magazines produce icky, squishy pap that bears only the faintest resemblance to expository writing, and that is astonishingly void of original points of view.

Flea is trying to keep it real.

---

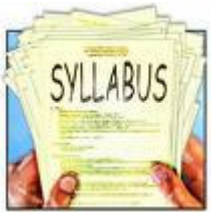
Now, would the following Flea-bloggers care to take a crack at it?

Clark, Sam, Gwenn, Bryan, and Mary

Posted on: Sat, Apr 21 2007 3:08 PM | Updated: Sat, Apr 21 2007 3:47 PM | Email This | Clip/Blog This Keep New:

## Flea Gets His Syllabus

By Flea




Received in the mail this morning:

Protector and Defender, LLC
A Professional Corporation
Not so fancy address
Boston, MA 02114

April 18, 2007

**PERSONAL AND CONFIDENTIAL**

Flea
Flea's Office
The Blogosphere

Re: Flea's Upcoming Malpractice Trial

Dear Flea:

Enclosed please find three sections from two text books (Pediatric Diagnosis and Treatment, and Nelson's Textbook of Pediatrics) that plaintiffs intend to introduce into evidence at trial. Please review these pages carefully, since plaintiffs' counsel may use them to cross examine you at trial.

If you have any questions, please call me.

Very truly yours,

Flea's lawyer.

cc:
Flea's malpractice insurance carrier

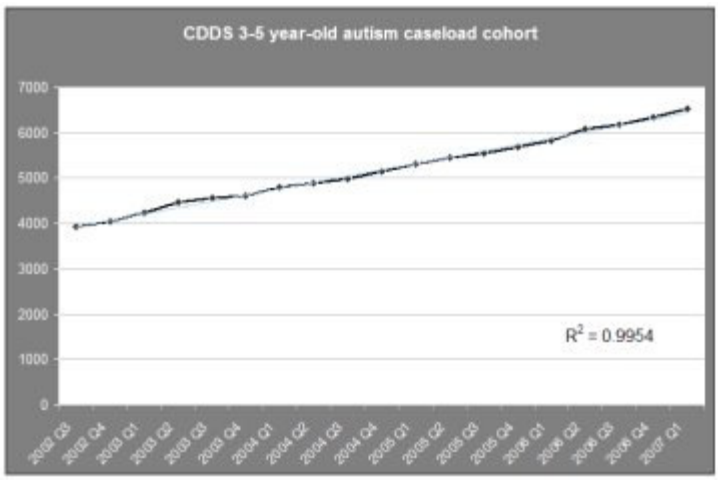
---

So Flea has to study for his (cross) exam.

Posted on: Fri, Apr 20 2007 4:38 AM | Updated: Fri, Apr 20 2007 5:12 AM | Email This | Clip/Blog This Keep New:

## What's Wrong With This Picture?

By Flea




It fails to support the hypothesis that mercury in vaccines causes autism.

Dad of Cameron, the author of Autism Street, deserves a ton of credit for his statistical analyses of data from the California Department of Developmental Services. It seems that the 3-5 year-old autism caseload continues to rise steadily despite the removal of Thimerosal from vaccines in 2001.

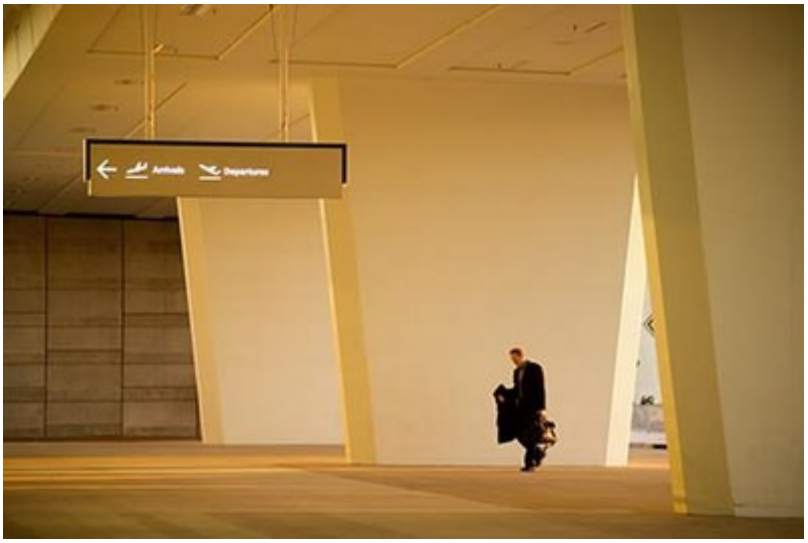
Please be sure to read the comments section. Folks from the "mercury causes autism" crowd are tying themselves in knots attempting to explain away the data.

Folks, the data is what it is. How much more data will it take to convince you?

Posted on: Fri, Apr 20 2007 1:55 AM | Updated: Fri, Apr 20 2007 2:04 AM | Email This | Clip/Blog This Keep New:

## Arrivals - Departures

By Flea



Flea's day begins with gratitude. The rabbis

were smart guys: they knew the best way to train a person to become a mensch was to start his or her day acknowledging that every day is a gift. Some mornings, when we say "Modeh ani", we *really* mean it. This morning is one of those.

At this time, Flea has nothing to add to all that has been written in the blogosphere and elsewhere regarding the events of April 16 in Blacksburg Virginia. Therefore he will remain on silent on the matter.

Several years ago, an older colleague gave Flea a piece of advice: "Patients are going to leave you. If you let it get to you, you won't last five minutes in this business".

Flea thought at the time that this advice would never come in handy because patients would never leave! The depths of his own naivete never cease to amaze Flea.

Every departure stings. Some sting more than others. If a family moves away, it's sad, but life is tough in our part of the world. Massachusetts remains one of only two states whose population is declining. Most families leave because they just don't like Flea.

Some families depart for the classic reason patients leave doctors: Flea didn't listen to me or take my problems seriously, either because he was rushed or just didn't seem to care. Some depart over disagreements as to whether a child's illness was serious enough to warrant an office visit. Others depart because they didn't get antibiotics here. At least two families departed after Flea diagnosed their child with a chronic illness. Some just plain don't like Flea.

Two items for the record: ONE: Flea cares about *all* his patients. He cares so much about them that he labors mightily to teach their parents about their essential wellness, to the end that they do not become victims of our culture of medicalization. Some parents are more receptive to the message than others. TWO: Flea does *not* refuse to see patients on principle: sometimes, in response to a phone call or email, we ask a parent to bring a child to the office. Knowing the doctor as well as they do, parents view an invitation from Flea to come to the office is an invitation to panic: if it worries Flea enough to see the child, they reason, it may be something serious!

There have been a number of departures lately. This drives Flea to ponder whether he's over-doing it, or under-doing it as the case may be. Perhaps so-and-so should have been seen? Perhaps so-and-so should have gotten Amoxicillin. Perhaps Flea just sucks as a pediatrician?

There have also been a number of arrivals. Happily, these outnumber the departures. Grateful parents, particularly in the Brazilian community, continue to refer their friends here. A long-time pediatrician in the community recently retired, and Flea is one of the beneficiaries. The word of mouth machine is in full swing.

So, at the end of the day, there are more reasons for gratitude than at the beginning.



## Sweet Vindication?

By Flea

From this month's number of Pediatrics (that inexplicably arrives in my box when the month is already half over):

**Do All Infants With Apparent Life-Threatening Events Need to Be Admitted?**
Ilene Claudius, MD and Thomas Keens, MD (Pediatrics Vol. 119 No. 4 April 2007, pp. 679-683)

Answer: *No*.

Apparent Life-Threatening Events (ALTE's) are scary as hell. An ALTE is defined as "an episode that is frightening to the observer and that is characterized by some combination of apnea (central or occasionally obstructive), color change (usually cyanotic or pallid, but occasionally erythematous or plethoric), marked change in muscle tone (usually marked limpness), choking, or gagging." In short, it looks like the baby is going to die...

...except that the baby *isn't* going to die. As scary as ALTE's appear, they seldom signal any truly life-threatening event. Claudius and Keens show as much in this three-year prospective study. Among "well-appearing" patients presenting to the E.D., the only children that truly needed admission were less than 30 days old, and/or had numerous ALTE's. In other words, according to the authors, if a baby were older than one month and had a single ALTE, he may be safely discharged from the hospital.

A few months ago, the parents of 10 month-old twins transferred out of Flea's practice because of an ALTE. It seems one of the twins (whom we already suspected had symptomatic reflux), had an ALTE while sitting in his swing. The P.A. in the E.D. paged Flea. The child looked great and the work-up including a chest x-ray and EKG, was entirely normal.

Then the P.A. said she wanted to admit the child for a 24-hour Holter monitoring. After Flea picked himself off the floor, he said he'd be okay with admitting overnight, but please could we do it without the Holter?

Somehow the message got transmitted to mom that Flea didn't want the child to be admitted at all (this was true, but we agreed to the admission nonetheless). The next morning at 5:30 mom told us she didn't want Flea to be the flea for her twins any more.

Never mind that sending the child home was the right thing to do.

Here's the "take-home message": In the real world, evidence-based medicine often doesn't make a dime's worth of difference. It doesn't matter to parents and it doesn't even matter to some of Flea's colleagues. This is especially true in the current climate of over-test, over-diagnose, over-treat, and over-admit.

A few months back, Clark had a nice post on ALTE's and the confusion surrounding them. Clark nails the biggest reason why healthy babies with ALTE's should be sent home:

> "All too often once a child has a problem, or even when they don't but it requires admission to a hospital, something funamentally changes in the family dynamic. Little Johnny is now a "sick" baby or at least one that needs to be watched like a hawk night and day."

Flea is right but he has two fewer patients than he had before. So who is blue-faced now?



## Superstition Ain't the Way

By Flea

MMR and Autism: What Parents Need to Know, by Michael Fitzpatrick. London and New York: Routledge, 2004, 176 pp.

Don't let the title fool you: This devastating volume by London-based GP Michael Fitzpatrick is *not* yet another product of the scaremongering industry that has grown up around the "MMR/Autism" industry since Andrew Wakefield's infamous Lancet article in 1998.

To the contrary, Dr. Fitzpatrick has produced a meticulous, blow-by-blow account of the Wakefield story and the resulting harm done to the universal immunization program in the U.K.

For those readers of Flea unfamiliar with the Wakefield debacle, journalist Brian Deer provides the best on-line summary. For those like Flea who are familiar with the story but who do not happen to be British, Fitzpatrick provides an invaluable description of the social and cultural context in the U.K. that provided the background for the MMR scare.

One important piece of social context turns out to be the "Mad Cow" scandal of the 1990's. Few outside the U.K. realize the magnitude of the impact that Mad Cow had on the British public. Fitzpatrick credits public anger over Mad Cow and its handling by the Conservative government as a key factor in Tony Blair's Labour Party landslide victory in 1997.

In the wake of Mad Cow (which, Fitzpatrick argues contrary to popular opinion, the Tory ministers handled quite well), public distrust at government especially on matters of health was at low ebb in 1998. "Maverick" doctors such as Andrew Wakefield received a respectful hearing from a disgusted public. The lay press, with few exeptions, provided a willing and enthusiastic sounding board for Dr. Wakefield.

At the same time, the British public health apparatus found itself in the grip of what we would call in the U.S. the "patient empowerment" movement. The expert opinion of patients (or in the case of autism, of *parents*) became priveleged over that of the erstwhile experts, doctors and scientists. Coincident with the rise of the internet, the firestorm over MMR, and its presumed causal link to autism, could not be extinguished. MMR coverage rates fell sharply, especially in inner-city London.

Fitzpatrick then meticulously tears apart the "evidence" linking MMR to autism; but he doesn't stop there. He then throws the broken shards of the argument to the floor and jumps up and down on them a few times. Finally, Fitzpatrick offers a careful, nuanced account of the motivations that might have driven Andrew Wakefield, an ostensibly sane pediatric gastroenterologist, off the deep end.

Dr. Fitzpatrick's title delivers what it promises: everything parents need to know about the relationship between MMR and autism. In short, there is none.

There are a few shortcomings worth mentioning: Though aimed at parents, the argumentation is too dense and difficult to follow for the lay reader. The college-educated mom who recommended the book to Flea admitted to having a fair amount of difficulty understanding it. Flea fears that Fitzpatrick and his editors got carried away and forgot their audience!

There are also a few minor editorial gaffes that produced some amusing effects. For example, Fitzpatrick writes that the DTaP vaccine is given at 2, 4, and 6 weeks of age. That should read *months*, not weeks. No wonder the anti-vax folks are up in arms! There is also a section where Fitzpatrick becomes suddenly and inexplicably enamored of the word "scope". Happily, the affliction is brief in scope.

On the plus side, Fitzpatrick provides the best discussion Flea has yet seen of the relative risks and benefits of MMR. This is precisely the kind of argument that Flea's parents are asking for. Fitzpatrick quotes a length the work of Paul Offit, who demolishes the argument that early multiple vaccination somehow "overwhelms" the infant immune system. Offit is quoted as observing that infants could probably handle the introduction of antigens from 10,000 vaccines at a time without suffering any ill effect.

Finally, you have to love a man who closes his book with a quote from Stevie Wonder:

*When you believe in things that you don't understand,*
*Then you suffer.*
*Superstition ain't the way.*

Stevie *knows*! Flea's only worry is that the folks won't understand *or* believe Fitzpatrick's book. But he'll take "MMR and Autism" over superstition any day.



## Is Obesity a Threat to Longevity?

By Flea

Kirstie thinks not.

Life expectancy in the U.S. has been rising steadily for a long time. There are many reasons for this. The phenomenal drop in infant mortality during the first half of the last century contributed to a major jump in life expectancy. Improved living conditions, advances in public health, and medical interventions account for a fair bit of life elongation as well.

Now that we're not dying as early, we have the opportunity to eat and gain weight! It's true that morbidly obese people (BMI > 45 Kg/m2) live significantly less long than thinner people. It's also true that there are more

morbidly obese people than there used to be.

Two questions arise from these facts: Will the rise in the prevalence of obesity negatively impact rising life expectancy? And if so, could the upward trend stop or even reverse?

The received wisdom seems to suggest that our children will become fat actors (and actresses, see above) and then will keel over at younger ages than we did, all because of weight. Where did this idea come from?

Flea doesn't know for sure who came up with this idea first, but a strong candidate is this 2005 article in the New England Journal of Medicine a few years ago by a group led by Flea's former colleague David Ludwig. Ludwig and his colleagues suggest, but do not state definitively, that obesity could have an effect on life expectancy. Here's the money quote:

> "We anticipate that as a result of the substantial rise in the prevalence of obesity and its life-shortening complications such as diabetes, life expectancy at birth and at older ages *could* level off or even decline within the first half of this century. (emphasis added)"

So this isn't exactly a bold confident statement of fact. An accompanying editorial by Samuel Preston throws some cold water on Ludwig's prediction:

> "Decreases in the rate of death at older ages have been the principal force driving American longevity for at least half a century, and they show no signs of abating... The effect of an increase in the prevalence and severity of obesity on the longevity of U.S. citizens is already embedded in extrapolated forecasts made in recent periods. In fact, these forecasts implicitly assume that the severity of obesity will continue to worsen, and the prevalence will rise, since it is the rate of change in the determinants of mortality, rather than the level, that drives projected changes in life expectancy. Hundreds of factors affect a population's rate of death in any particular period, and it is their combined effect that establishes the trend."

Preston concludes:

> "The rising prevalence and severity of obesity are capable of offsetting the array of positive influences on longevity. How likely is that to happen? One promising observation is that the recent increase in the levels of obesity was produced by relatively few excess calories in the typical daily diet. The consumption of a median of 30 excess calories a day produced the observed increase in weight during an eight-year period for Americans 20 to 40 years of age. At the 90th percentile of weight gain, the excess consumed was about 100 calories a day. Reversing the increase in body mass might be accomplished through small behavioral changes that fit relatively easily into most people's lifestyles. The food and restaurant industries would be valuable allies in this effort, and there are recent indications of their willingness to cooperate."

The bottom line is, there's no need to go freaky on the "obesity epidemic". Who knows? Take off a few extra bites of cheese per day and we may be looking at average life expectancies close to the century mark.

3 References



## My Carmona

By Flea

In an earlier post, Flea wished desperately that someone made up the story of the Surgeon General saying that the "obesity epidemic" was worse than terrorism. We're disappointed to report that the story is true.

In early March, 2006, then Surgeon General Richard Carmona spoke at the University of South Carolina and said, among other things, the following:

> "Obesity is the terror within... Unless we do something about it, the magnitude of the dilemma will dwarf 9-11 or any other terrorist attempt... Where will our soldiers and sailors and airmen come from? Where will our policemen and firemen come from if the youngsters today are on a trajectory that says they will be obese, laden with cardiovascular disease, increased cancers and a host of other diseases when they reach adulthood?"

Aparently this was not the first time that Carmona used the terrorism analogy. In January 2003, he sat down with a reporter from U.S. Medicine, a government web site. It appears his interviewer presses Carmona on the relative seriousness of obesity and terrorism:

> "Dr. Carmona ranked obesity as the biggest problem facing the U.S. in the future, saying that it was as big a threat, if not a bigger threat, than terrorism.
>
> 'Not that [terrorism] isn't important, but this rises to the level of the terrorism threat today, if not exceeds it, because it involves the whole country and it's clear where we're going,' he said."

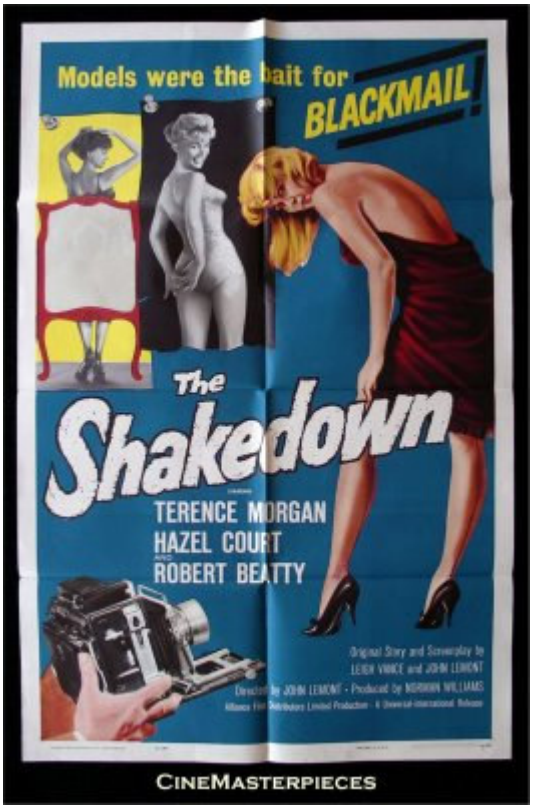
So it appears this was no momentary lapse of reason. The best thing that can be said for this sorry excuse for a doc is that he is no longer the Surgeon General.

The best commentary from the blogosphere we can find on the Carmona/obesity/terrorism kerfuffle comes from Gene Healy of AFF Brainwash. Enjoy.

Posted on: Thu, Apr 12 2007 2:26 AM | Updated: Thu, Apr 12 2007 4:11 AM | Email This | Clip/Blog This Keep New:

## Imus Shakedown?

By Flea




What follows is rash, rushed, from-the-hip speculation on a subject Flea knows next to nothing about. But this is the blogosphere, so what the heck? Here goes:

Flea suspects that radio and television talk-show personality Don Imus is, or will soon be, the victim of a shakedown.

These are the facts as Flea understands them.

Don Imus' career has brought him wealth beyond his wildest imaginings, with homes on the Upper West Side of Manhattan, Westport, CT, and Ribera, NM.

Imus runs a summer camp for children with cancer that Flea and the rest of the world admires enormously. The foundational principle of the Imus Ranch for Kids with Cancer is that the children will not be pampered and coddled. Instead they are expected to do chores on a working cattle ranch in order to teach them how to maintain self-confidence and self-worth in the face of devastating illness.

On April 4, 2007, Imus made a stupid, tasteless, puerile comment about the Rutgers Women's Basketball team. The comment came in context of 30+ years of stupid, tasteless, puerile comments. Flea, who has a rather low embarrassment threshold, would rather listen to traffic reports every 10 minutes than subject himself to the dribblings of a 67-year old man with bad lungs behaving badly on the air.

By the end of the week, Imus was attacked viciously from all fronts, most notably the Reverend Al Sharpton, who invited Imus into the studio of his own radio program and berated him mercilessly. Among other things, Sharpton is calling for presidential candidates to refrain from appearing on the Imus radio program. [*N.B.*, for many Americans, the only opportunity to hear presidential candidates converse in their own words occurs during Imus in the Morning.]

Now, let's play "Follow-the-Money": Who stands to gain from the Imus controversy? Don Imus has lots of money. Lots and *lots of money*. Imus has been known to be less than diplomatic in his efforts to raise money for the Imus ranch (He fairly twists peoples' arms on the air). Could it be that it's payback time? Perhaps Sharpton, and perhaps

others, have a few favorite organizations that really need some cash? Perhaps these guys are out for more than an apologies from Imus?

If faithful readers of Flea don't get the point, you're forgiven. This is not our usual subject matter. Let's spell it out:

A shakedown occurs when someone pushes you into an alley, beats you up, and threatens to beat you up some more unless you fork over money.

Don Imus already has a couple of black eyes. Is his checkbook lighter as well?

Posted on: Wed, Apr 11 2007 2:17 AM | Updated: Wed, Apr 11 2007 3:03 AM | Email This | Clip/Blog This Keep New:

## Where's Sandy?

By Flea

Due to technical difficulties (*viz*. the fact that Yahoo!Mail sucks rubber donkey lungs) we never received a PGR contribution from Sandy Szwarc of Junkfood Science.

That's too bad, because recently Sandy has produced several excellent posts documenting the sensationalization of the "obesity epidemic in children". These are summarized in this post at Sandy's blog.

Fortuitously, Flea saw a special on Food Network yesterday called "Childhood Obesity: Danger Zone".

The blurb from FN's web site gives a flavor of the angle the program takes:

> "Obesity—it's the fastest growing cause of disease and death in our country, and it's attacking more than 12 million of our children. The Food Network goes to the front lines of the childhood obesity epidemic to find out what's fueling the explosion in overweight children and teenagers and what parents, teachers, doctors and public officials are doing to fight a problem the U.S. Surgeon General calls 'more serious' than terrorism."

*More serious than terrorism.*

Flea cannot verify that Surgeon General Kenneth P. Moritsugu, or any previous S.G., actually said this. We sincerely hope it's apocryphal. Flea has been known to use hyperbole on occasion, but this one is more than a little over the top.

Please go and read Sandy's contributions on this subject. Flea finds much of it convincing and all of it compelling.

Our take on the whole subject is as follows:

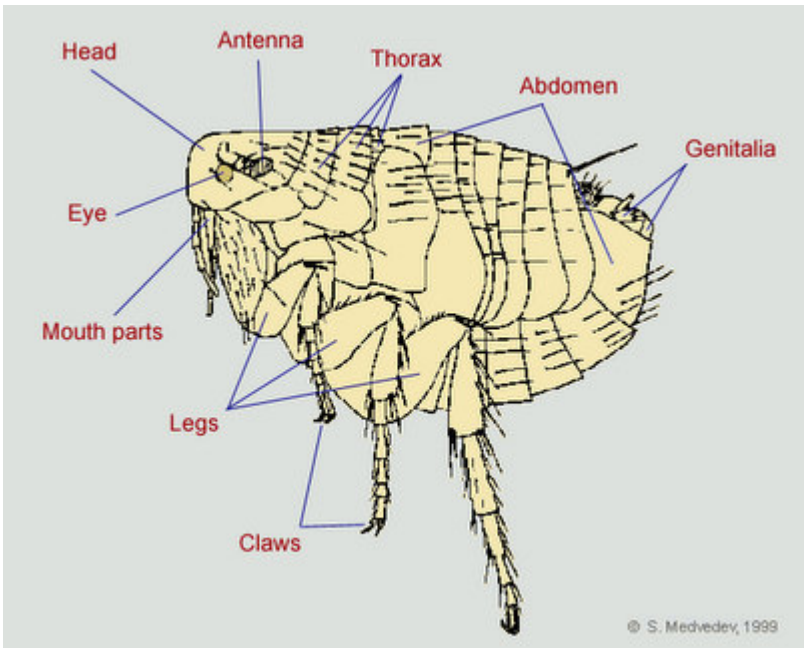
- Childhood obesity is a problem, but it is not a crisis, certainly not one as threatening as terrorism.
- Body Mass Index is a pretty good screening tool (high sensitivity, low specificity), but it stinks as a diagnostic tool.
- We fleas have very little idea how to manage obesity as a disease entity, so we are making this *dreck* up as we go along.
- Making stuff up as one goes along is a perfectly crappy way to practice medicine.

1 Reference



## Pediatric Grand Rounds 1:26 - Flea's Anatomy

By Flea




*"You can check your anatomy all you want, but when it comes right down to it, this far inside the head it all looks the same. No, no, no, don't tug on that. You never know what it might be attached to."* - Buckaroo Banzai, The Adventures of Buckaroo Banzai Across the 8th Dimension (1984)

**Head**

*The head capsule of fleas is very modified. It is high, narrow and cuneate. The propleurosternum covers the head from below to the peristomal aperture, as result of which it is immobile.*

The head spot this week goes to the incomparable Shinga, host of Breath Spa for Kids. Recovering from an unfortunate series of physical ailments, Shinga watches a medical soap opera and nearly has a fit (the angry kind, not this kind) about the (over)dramatization of tonsillitis in a 4 year-old. Flea is certain he would have hurled heavy objects at his television set had he been unfortunate enough to catch this program on the telly.

**Antennae**

*The antennae of fleas are in antennal fossae. The antennal fossa divide the head into anterior and posterior parts.*

Let us point our port-side antenna toward Walter at Highlight Health. Walter contributes "An Inconvenient Financial Truth - Healthcare Costs Endanger U.S. Financial Stability". This story isn't exactly a news-flash. We've known for some time that as the boomers age we're gonna run out of cash to pay for the entitlements we've promised them. The bit that really sticks in Flea's craw is this quote from U.S. Comptroller General David Walker:

> "On [health care] cost we're number one in the world. We spend 50 percent more of our economy on health care than any nation on earth. We have the largest uninsured population of any major industrialized nation. We have above average infant mortality, below average life expectancy and much higher than average medical error rates for an industrialized nation."

These are serious charges that require serious examination. We've already discussed the meaning of our infant mortality numbers. As for our average life-expectancy, does the fact we rank 29th between Bosnia-Herzegovina and Cyprus mean that our health-care dollars are ill-spent? Finally, as to medical error rates, what does Comptroller Walker suggest we do about the problem, spend *fewer* health care dollars to solve it? (Note to self: check anatomy text - does a flea have a craw?)

Meanwhile, the starboard antenna detects newcomer Manu Varma of Transplant Headquarters. Manu offers us this discussion of several issues that impact upon the care of the young transplant recipient. In particular, Varma focuses on the difficulty young transplant patients encounter in transitioning to adult hospitals. I'm not sure if Varma is aware of this, but as of 10 years ago TBFCHITW was following its transplant patients for life. Perhaps this is a model to study?

**Thorax**

*The thorax consists of three modified segments.*

The first modified segment is brought to us by Clark Bartram, father of PGR and host of Unintelligent Design. It's a somber deliberation on death and our relationship as pediatricians to it. Death is a rare occurrence in pediatrics. In general, this flea believes we deal with it rather badly. Trouble is, the parents need us most at the most horrible moments. It's almost too bad we don't get more practice dealing with patient deaths; But on further reflection, Flea likes it better the way it is.

In every thorax beats a heart (not in arthropods, of course. Flea is reaching for a metaphor here). Adventures of an Awesome (Sometimes) Mother offers this heart-warming story of the dawning realization that her child Evan is no longer a heart-patient, but instead is transitioning into a normal child. Flea has witnessed how life with a child born ill can consume a parent with anxiety. His wish for parents is that they should be able to see past the congenital anomalies (in this case, a malformed heart) to appreciate the essential child within. Awesome Mom is now blessed with the opportunity to put the worst behind her and simply enjoy her boy.

The third modified thoracic segment is offered up by Dr. Scott of Just Practicing. The Last Generalist offers up a fairly complete summary of the future of M.D.-level solo pediatrics. In a word, we're *toast*. Flea agrees with this assessment. Dr. Scott figures that mega-practices and government clinics might well become the last remaining habitats of the M.D.-level primary care flea. And he's right. After that comes extinction.

**Mouth Parts**

*When a flea blood feeds, it will crouch low to penetrate the host's tissue with a sawing motion of the mouthparts. A small amount of anti-coagulatant is injected with the saliva, to permit easy siphoning of the blood.*

*Flea is mindful that today is Easter, a solemn and joyful holy-day throughout Christendom. As celebrated today in the U.S., Easter appears to be more about mouth parts, and the chocolate goodies we place in those parts, than about blood or siphons.*

*Val Jones, MD of Revolution Health contributes a tasty Easter treat having to do with golf balls and tony vacation spots. Flea confesses he doesn't really get what this all is doing in pediatric grand rounds but he thanks Val for the contribution nonetheless! (Incidentally, Flea knows a joke involving a golf ball and a garden hose, the latter of which can be used as a siphon).*

***Legs***

*Fleas lack wings, but have long legs. The hind legs are the principal jumping organs.*

*Babies have relatively short legs and arms. They don't break easily. When they do break, fleas are compelled, no obliged, to consider that the limb was purposefully broken by someone else. Rob (Breedlover) Lamberts of Musings of a Distractible Mind offers us a vignette from one of the darker corners of fleadom, the spiral fracture of the infant limb.*

***Claws***

*Flea claws are cool! Click above for image.*

*Fleas don't often jump around breast cancer, but this week Dr. Gwenn sank her claws into the topic with her supercommentary on a Washington Post article originally brought to our attention by Kevin, MD. Flea's super-supercommentary is as follows: the evidence be damned! In the contemporary climate of over-test and over-diagnose, combined with the culture of malpractice litigation for failure-to-diagnose, it's a foregone conclusion that breast MRIs for the detection of cancer will be come the community standard of care in very short order.*

***Abdomen***

*The abdomen of the adult flea includes 10 segments.*

*Would that there were ten segments in this chapter! Sadly, there is but one. It is a contribution from Signout suggested by our friend Shinga, who is always kind enough to suggest several posts to the PGR host. Our girl, now close to the end of her first year of residency, relates a touching story about a developmentally-delayed clinic-patient. "Rosie's" presenting complaint is benign enough, but it turns out the real reason for the visit is altogether different. Flea won't spoil it for you. Signout closes by telling us that Rosie will be seen at the clinic whenever the mom wants her to be seen. The most poignant aspect of the story is that Rosie and her mom really do need to be seen and often too, but not by a rotating clinic doc: This family needs a flea. One flea.*

***Genitalia***

*The modified tergites and sternites of the flea's genitalia belong to abdominal segments 7-9. More than 7 terms are used to describe the structures of the genitalia (in ascending size order: petzie, petzele, putz, schmeke, schmekele, schmuck, and schlong). The complexity of the aedeagual structure is caused by the separation of its internal duct (endophallus) into a number of complex sclerites.*

*This week we welcome a contribution from newcomer Eric Turkewitz of New York Personal Injury Law Blog. The title of the post is "Medical Malpractice is Increasing in Many Hospitals". The report Eric references is called "The Fourth Annual Patient Safety in American Hospitals Study" (April 2007). This HealthGrades report studies "patient safety incidence rates" in hospitals over time. Patient safety is defined as "freedom from accidental injury due to medical care, or medical errors." The word "malpractice" does not appear anywhere in the 26-page report. So Flea is confused: Does Eric identify failures of patient safety with malpractice?*

*For malpractice to occur, there must be a failure to meet the **community standard of care**. The community does not demand that we never err, the community demands that we meet the standard of care. Surely Eric Turkewitz understands this distinction. Or does he?*

---

*That's all folks. In two weeks, Clark is cooking up a "Best Of" in honor of PGR's first anniversary. No submissions, please.*

*Thanks for your attention.*

Posted on: Sun, Apr 8 2007 2:00 AM | Updated: Sun, Apr 8 2007 1:57 AM | Email This | Clip/Blog This Keep New:

## She's an Actress...

By Flea

Flea emailed "Early Education for All" yesterday to ask if the female voice belonging to the "pediatrician" were authentic. Here's an excerpt from the reply:

> "The ad you heard is a critical component of a comprehensive outreach and advocacy effort targeting the state legislature as it deliberates the FY08 budget. We chose to use a "pediatrician" in one of the two ads currently running because of the credibility pediatricians carry among families and opinion leaders alike. The "pediatrician" in the ad that you heard is an actress- professional talent which is a common practice in ads such as this."

You have to admire their honesty... er... I guess.

So fleas carry credibility among families and opinion leaders? Cool! Does that mean that families and opinion leaders alike will take Flea's advice and stay home with their congested 5 month-olds instead of taking them to the E.D.?

Posted on: Thu, Apr 5 2007 10:56 AM | Updated: Thu, Apr 5 2007 11:12 AM | Email This | Clip/Blog This Keep New:

## Political Advocates Masquerading as Fleas

By Flea

Flea heard a bizarre radio commercial the other day. A female voice, claiming to be a pediatrician, implores the audience to support an initiative called "Early Childhood Education for All". The "doctor" references some studies that showed that early childhood education prevents later badness such as dropping out of school and staying back in school. That's all fine as far as it goes.

But the doc never identifies herself. Virtually all M.D.s who lend their voice to some cause or another (typically the hospital for which they work) at least tell us their names, even if we've never heard of them.

Believing he was hallucinating on account of the heavy painkillers and anti-inflammatories he was taking, Flea ignored it. Then the ad came on again today. Again there's this female voice claiming to be a pediatrician, and failing to identify herself.

Flea gathers that the point of her identifying herself as a pediatrician is that we should really **really** believe what she says: After all, she's a *pediatrician*!

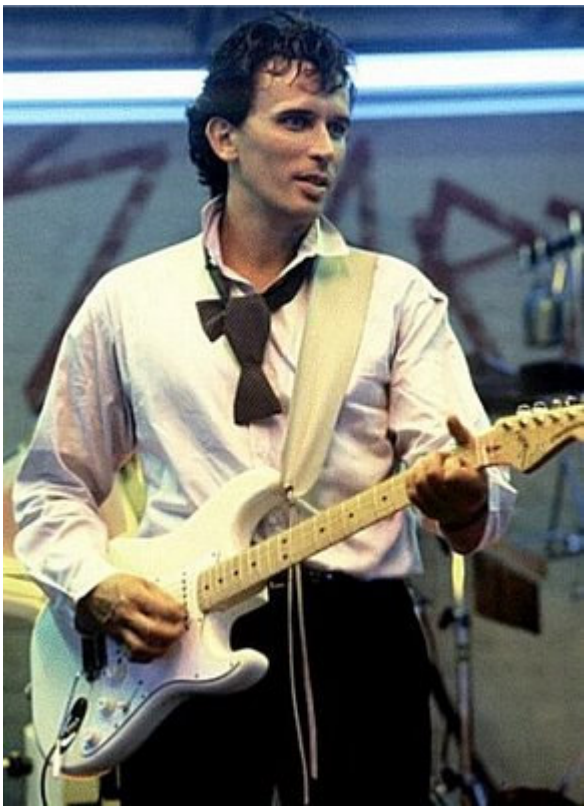
Flea went to the Early Education for All web site. It turns out that it is a "front" for a non-profit organization called "Strategies for Children". The latter "specializ[es] in public policy, advocacy and constituency building. [Their] mission is to improve the well-being of children and families by moving their issues to the top of the agendas of communities, states, and the nation."

Let Flea stipulate that there is nothing wrong with political advocacy. There isn't even anything wrong with *fleas* engaging in political advocacy (within the boundaries of professional ethics, of course). But if the voice on the radio ad belongs to an actress and not to a real flea, there's something wrong. Surely they could find a flea in Massachusetts willing to lend her name to the cause of early childhood education!

Or could they?

## Everywhere You Go, There You Are

By Flea



Now, Flea isn't getting antsy or nothin' (you'll pardon the mixed metaphor), but he only wants to remind you all that if you don't submit to PGR by 8 PM Saturday, April 7, Buckaroo Banzai here won't let you hold his overthruster.

flea_fleablog ATSIGN yahoo DOT com

Posted on: Wed, Apr 4 2007 4:14 AM | Updated: Wed, Apr 4 2007 4:17 AM | Email This | Clip/Blog This Keep New:

## All This and Spinal Tap Too?

By Flea

(via Kevin, MD)

An item from the American Medical News:

> "A recent Idaho federal court ruling shows doctors should tread carefully when considering whether to get the state involved to ensure that a child gets critical treatment despite the parent's objections.
>
> The court found, in a Feb. 26 ruling, that the state gave too broad of consent for the treatment of 5-week-old-Taige L. Mueller. Judge B. Lynn Winmill sent part of the case back to trial court to determine, among other questions, whether the doctor involved exaggerated the risks of the infant's condition to get the state to intervene so he could treat the child over her parent's refusal. No hearing date has been set.
>
> In 2002, Corissa D. Mueller brought her daughter to the emergency department at Saint Luke's Regional Medical Center, Boise, with a 101.3 F temperature, court records state. Emergency physician Richard K. MacDonald, MD, saw the child. Consistent with the hospital's standard of care, he recommended antibiotics and a spinal tap to test for meningitis or other serious bacterial infections, for which the baby showed symptoms, court documents state.
>
> Dr. MacDonald also explained to the mother the risks, including death, of leaving meningitis untreated. He also said the infant's condition could worsen quickly. Mueller, however, refused to authorize the spinal tap. She concluded from her own research that the procedure's risks outweighed the chances that her daughter had meningitis, records show.
>
> Dr. MacDonald called a hospital social worker, who called state Child Protective Services. After he reiterated the risks to the police, the officers took custody of the child, and Dr. MacDonald performed the spinal tap."

This very same scenario happened to Flea when he was a resident at TBFCHITW. We documented the hell out of mom's refusal to let us tap the baby and we left it at that. Hindsight is 20-20, of course, but it appears to Flea that Dr. MacDonald went a tad over the top by calling Child Protective Services.

Happy Passover, Y'all!

1 Reference

Posted on: Mon, Apr 2 2007 11:11 AM | Updated: Mon, Apr 2 2007 11:22 AM | Email This | Clip/Blog This Keep New:

## Umpires and Doctors

By Flea

Today is opening day. This morning WBZ radio ran a story of a mathematician from Stevens Tech in Hoboken, NJ, who claims to have created a mathematical model showing that the New York Yankees will take the American League East with 110 wins. Nevertheless, Flea was not comforted.

Today Flea is preoccupied with the comparison between major league umpires and doctors. Once, we heard a radio announcer quip that umpires are expected to be perfect on the day they start their jobs, and to steadily improve thereafter.

This, it seems to Flea, is the same standard to which doctors are held. The only difference between umpires and doctors is that when the former makes a mistake, he is not dragged through lengthy, stressful litigation. Fans may shower him with verbal abuse, but he never receives a hand-delivered letter accusing him of being "negligent, careless, and without skill".

Doctors are human, and humans make errors. We will never be perfect. As long as doctors care for patients, mistakes, errors in judgment, and failures to diagnose will happen. It will not do to suggest simply that we should "stop killing our patients", as if killing patients were the point of the exercise.

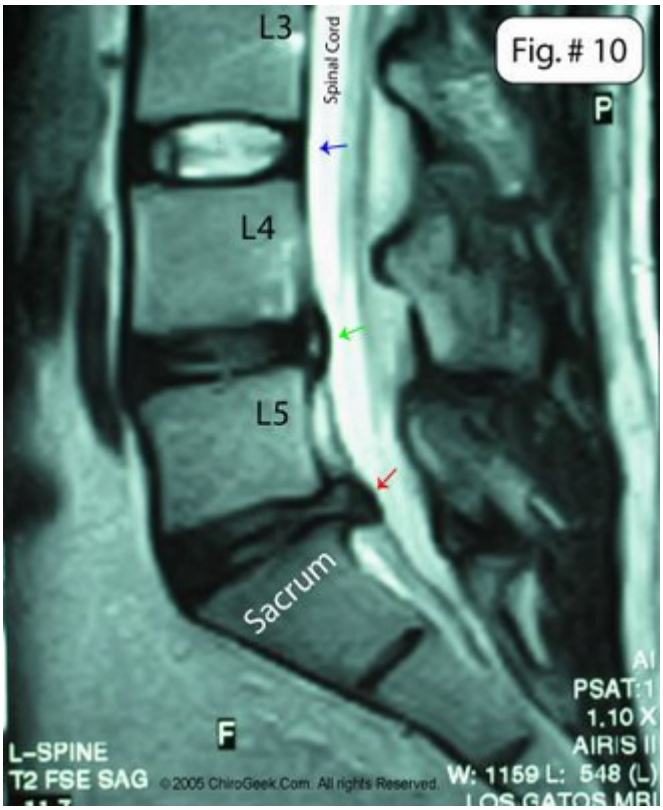
The only way to ensure that no bad outcomes will occur is to stop practicing medicine.

But then nobody would get to play ball.

Posted on: Sun, Apr 1 2007 3:43 AM | Updated: Sun, Apr 1 2007 7:54 AM | Email This | Clip/Blog This Keep New:

## Flea's Back

By Flea




Pursuing the advice of Ms. Flea, yours truly has been laboring mightily to keep his personal life out of this blog. He needs to deviate off the straight and narrow path briefly for a bit of explanation.

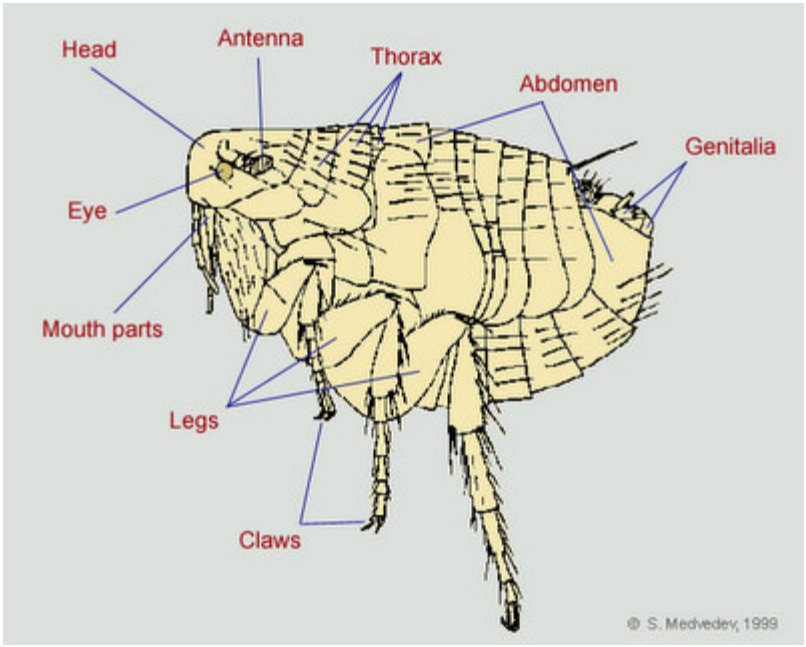
While working out Wednesday morning, Flea felt a sharp pulling sensation in his lower back. Within minutes the left leg in the "S1" distribution began to get weak and numb. To cut to the chase, Flea has a herniated disk. This makes standing difficult, walking painful, and running impossible.

With any luck, physical therapy will start next week. In the meantime we'll try not to become addicted to painkillers. We hear that's a bitch.

Posted on: Sat, Mar 31 2007 1:05 PM | Updated: Sat, Mar 31 2007 1:10 PM | Email This | Clip/Blog This Keep New:

## With Apologies to Gregg Allman

By Flea




*Sometimes I feel,*
*Sometimes I feel,*
*Like I've been tied to the begging post,*
*Tied to the begging post,*
*Tied to the begging post,*
*Good lord, I feel like I'm dyin'.*

Pediatric Grand Rounds 1:26 will be hosted here at Flea on April 8, 2007. Send your submissions to flea_fleablog ATSIGN yahoo DOT com by 8 PM, Saturday night April 7.

Be sure to study up on your anatomy.

Posted on: Fri, Mar 30 2007 5:25 AM | Updated: Fri, Mar 30 2007 5:36 AM | Email This | Clip/Blog This Keep New:

## Somebody Show This Man Some Love!

By Flea


This was too precious not to share with you. As the lawyers might say "res ipsa loquitur"

"The Unloved Lawyer

This is a little off topic, but I couldn't resist. Eric Turkowitz, of New York Personal Injury Law Blog fame, was picked up by some doctor blog because of his advice on dealing with good looking physician witnesses. Now I know Eric, and he's one handsome devil himself, so you would think he hangs in the attractive professionals club with those nip and tuck guys and they would lay off their buddy. Not so. Check out how the docs respond to Eric. Between refusing to treat lawyers who sue doctors, and using the pediatricians to poison the minds of their children, it would appear that our beloved physicians are displeased with lawyers. Frankly, I offer them (free of charge) the solution to all their legal woes. Stop killing your patients! Care a little more about whether you're doing the right thing than whether medicaid will only pay $12 for the 30 second treatment so you have to back up 29 patients to make your Mercedes payment. Stop blaming lawyers because you keep killing your patients. We have enough of our own problems. Nuff said."

Nuff said indeed.

Posted on: Wed, Mar 28 2007 10:17 AM | Updated: Wed, Mar 28 2007 10:47 AM | Email This | Clip/Blog This Keep New:

## Meet the Turk

By Flea

Flea wishes he hadn't read this after lunch:

Today Flea discovered Eric Turkewitz. Eric is a malpractice lawyer.

First Eric was just a plaintiff's attorney. Then Eric became a plaintiff's attorney with a web site. Now Eric is a plaintiff's attorney with a blog.

Check out this tasty little morsel (acquired via Kevin, MD):

**Practice Tip: One Way to Cross-Examine The Attractive Doctor**
A recent British study confirmed something most of us all know intuitively:

Juries trying criminal cases are likely to be more lenient when the person in the dock is physically attractive, psychologists say. So **how do you level the playing field if, for example, you have an attractive doctor as a defendant in a medical malpractice case**? And by attractive, I mean not just physically, but someone with good credentials who makes an impressive personal appearance by their ability to speak well. This is important if the patient chose the doctor.

**The answer is not to knock them down, but to build them up** in opening statements and jury selection (if your jurisdiction allows).

Tell the jury they will like the defendant. After all, your client chose this doctor for surgery, right? Trusted him/her. Kinda like Marcus Welby. Therefore, it stands to reason, the jury will too.

> This does a few things: First, you have been dead honest. It is unlikely the jury expected you to "confess" this thing, but frankly, they will likely see it anyway if defense counsel is even mildly competent. Trying to tar a physician at the outset that your client previously trusted has enormous potential to backfire.
>
> The jury also now has very high expectations for the doctor. **With the bar set so high, any slip-up or contradictory testimony is likely to be viewed in a harsher light**. Assuming you have a solid case to take to trial, this doctor-defendant will also lay out the standards of care (while they still trust him/her) before being confronted with the deviations from care, the sloppy notes, the rushed surgery, failure to read the x-ray, or contradictions from deposition testimony.
>
> And there is something else at play here. **The doctor was trusted, and the trust was betrayed**. Betrayal often unleashes a flood of powerful emotions.
>
> The instinct for confrontation must, at times, be avoided, and saved for those few special moments when the witness, who has now been built up, strays from the straight and narrow. And if that happens, it will have far greater impact than if you had simply tried to trash the doctor from the outset. (bold-type in the original)

Flea is looking forward to being cross-examined by the plaintiff's attorney. He's especially looking forward to those "special moments" when Flea strays from the straight and narrow.

How does Eric Turkewitz look at himself in the mirror in the morning?

His wife and kids look like decent enough people (scroll down on link for picture). Where does Turkewitz find doctors in New York City willing to care for them?

Posted on: Tue, Mar 27 2007 9:32 AM | Updated: Tue, Mar 27 2007 10:55 AM | Email This | Clip/Blog This Keep New:

## It's Gettin' Tougher to Do Business Here

By Flea

(via Kevin, MD and White Coat Notes)

It's getting tougher for fleas in Massachusetts. The Massachusetts Medical Society, of which Flea is a member, reports today that "for the 13th consecutive year, the Massachusetts physician practice environment deteriorated. The 2006 rate of decline amounted to 1.6 percent, approximately three times faster than the downwardly revised 0.5 percent decrease in 2005."

The decline in the index was driven mostly by rising liability costs and increased costs of maintaining an office. The latter was driven by non-physician wages, office space, and medical supplies. All increases in costs were significantly greater in Massachusetts than in the country as a whole.

That's why Flea's downsizing. We're looking for smaller, less expensive space. Overall staff costs may also be open for reconsideration.

We've also decided to remain a solo practice. Lean and mean.

Well... not mean.

Posted on: Tue, Mar 27 2007 4:40 AM | Updated: Tue, Mar 27 2007 5:41 AM | Email This | Clip/Blog This Keep New:

## Twinkie-the-Kid

By Flea


Pediatric Grand Rounds 1:25 is up at Rob (Goat-Boy) Lamberts' Musings of a Distractible Mind. Rob is, among other things: "An Internist (a 'Flea' as Internists have been nicknamed - the last thing off of a dead person), Pediatrician (A 'Flea' as defined by yours truly), a husband of one, a father of four, a musician," and a lover of ruminant quadripeds.

Rob's one of Flea's favorite bloggers. He's just the kind of voice we need to shake Pediatrics out of its complacency (which we will do just as soon as this television show is over. Promise! okay?)

Flea's pick of the week is actually three picks. Three bloggers all touched on a topic that has long been near and dear to Flea's circulatory system (such as it is): overuse of antibiotics.

Girl, MD, and Dr. John Crippen both saw patients recently whose parents demanded antibiotics for asthma flare-ups. Flea insists that this common occurrance is an iatrogenic problem. That is to say that we docs have been dripping antibiotics on inflamed airways for over fifty years now. Naturally the patients have come to expect it. It's our job to educate our colleagues and our patients as to the distinction between the categories "infection" and "inflammation", and the proper role of antibiotics in cases isolated to the former category. Girl did the right thing and tried to educate her colleague who continues to misapprehend the difference between infection and inflammation. Flea hopes she met with success.

Dr. Crippen did the right thing and tried to educate an incredulous mother. We have no choice but to carry on.

Newcomer Walter at Highlight Health contributes this post on antibiotic over-prescription in acute sinusitis. Flea wonders how much more evidence is required for his colleagues to stop prescribing antibiotics for upper respiratory tract infections.

Next PGR will hosted right here on April 8. More to follow y'all.

Posted on: Mon, Mar 26 2007 5:42 AM | Updated: Mon, Mar 26 2007 10:30 AM | Email This | Clip/Blog This Keep New:

## Meet Edwin Leap, M.D.

By Flea

Yesterday, a friend handed me this article by an E.D. doc in South Carolina named Edwin Leap. The article, for the Emergency Medical News, is a sort of new-year's resolution piece. Leap resolves to become brutally honest about medicine in general and E.D. medicine in particular. Here's the money quote:

> "Many of our [E.D.] patients don't belong in a family practice office, much less an emergency department. The sooner we address this firmly and politely, the less we will be overwhelmed by

> volume. Furthermore, a $5 co-payment on Medicaid visits would decrease a lot of the ridiculous things we see. Five dollars for a bug bite? I can get some smokes for that! Forget it. You see, for all of our hand-wringing about the uninsured and poor (and there are a lot of them I am delighted to help), many of the patients who use us for all their health care needs place zero value on our services because Medicaid and EMTALA allow it to be priced at exactly that amount to the patient. Zero."

Leap wrote this in January 2002. Are there more voices like Edwin Leap's out there? And if so, are they being heard?

By the way, Leap has a nice-looking web site and a blog. Flea hadn't read this post carefully when Scalpel linked to it last week, but he should have. It's fairly stunning.

Welcome to the blogroll, comrade Leap!

Posted on: Sun, Mar 25 2007 9:40 AM | Updated: Sun, Mar 25 2007 9:59 AM | Email This | Clip/Blog This Keep New:

## Guess This Means He Liked It

By Flea


Flea emailed Roy Richard Grinker to tell him about our review of his book. Here's Grinker's reply:

> "My wife, Joyce, wanted me to email you to say how much she enjoyed your review, and to thank you for the heartwarming things you said about Isabel. My 13 year old, Olivia, also pointed out to me that the photo on your blog is probably not of you (I thought it was an unusual photo for a pediatrician) but rather a member of the Red Hot Chili Peppers."

Strong work, Olivia! Flea wouldn't know Michael Balzary if he fell over him!

Posted on: Fri, Mar 23 2007 6:58 AM | Updated: Fri, Mar 23 2007 7:07 AM | Email This | Clip/Blog This Keep New:

## Should We Take the Earth to the Emergency Room?

By Flea


Here's an item that's not quite ready for "Notes from the Lunatic Fringe", but it's a close contender.

> "The planet has a fever," Gore said. "If your baby has a fever, you go to the doctor. If the doctor says you need to intervene here, you don't say, 'Well, I read a science fiction novel that told me it's not a problem.' If the crib's on fire, you don't speculate that the baby is flame retardant. You take action."

Is taking the baby to the doctor for a fever so common as to become cliche? Or is the erstwhile Veep and sometime documentarist drinking Marty Solomon's Kool-Aid?

Folks, before you take the earth to the E.D., call your flea first. He or she will ask you questions like: "Is the earth looking at you? Smiling at you? Is the earth eating well? Does the earth have other symptoms like runny nose, coughing, or a rash?"

And if the doctor says 'you need to intervene here', please ask why.

Posted on: Thu, Mar 22 2007 11:27 AM | Updated: Thu, Mar 22 2007 11:56 AM | Email This | Clip/Blog This Keep New:

## Why Don't We?

By Flea

Click here for link.

> **Many U.S. Adults Do Not Follow Physician Recommendations, Survey Finds** [Mar 16, 2007]
>
> About 27% of U.S. adults said they or immediate family members have not filled prescriptions because they considered the medications unnecessary, according to a recent Wall Street Journal Online/Harris Interactive survey, the Wall Street Journal Online reports. The online survey included responses from adults collected from March 5 through March 7. According to the survey, about one-fifth of respondents said they or immediate family members have sought second opinions, 13% have avoided diagnostic tests, 7% have decided not to undergo surgical procedures and 7% have switched physicians because they considered the recommendations of their physicians overly aggressive. Among respondents who said they or immediate family members did not follow the recommendations of their physicians, 89% said they experienced no negative effects, the survey

> found. *The survey also found that 43% of respondents said they are concerned about overtreatment by physicians*. About 52% of respondents said physicians overtreat patients because of concerns about medical malpractice lawsuits, 45% said "to make more money" and 44% said "to meet patient demands," the survey found (emphasis added).

Flea has been ranting for months about the culture of "over-test, over-diagnose, over-treat, and over-admit". According to the WSJ, it's gotten so bad now that *the patients are noticing*, and apparently some take exception to our behavior. Flea fears that the patients may have it right: Fear of litigation, desire to meet patient demands, and (yes) desire to make money may play a role here.

The patients get it. Why don't we?

(Thanks to Kevin, MD for the tip)

Posted on: Wed, Mar 21 2007 11:10 AM | Updated: Wed, Mar 21 2007 11:22 AM | Email This | Clip/Blog This Keep New:

## Cogito Ergo Bloggo

By Flea


Uber-MedBlogger John Crippen of NHS Blog Doctor has tagged Flea with "The Thinking Blog" meme.

Here's the obligatory image tag thingy:


The participation rules are simple:

1. If, and only if, you get tagged, write a post with links to 5 blogs that make you think.

2. Link to this post so that people can easily find the exact origin of the meme.

3. Optional: Proudly display the 'Thinking Blogger Award' with a link to the post that you wrote.

Here's Flea's list, with no regard whatsoever as to whether the chosen blogger has been tagged already. We tag because we think.

1. Autism Diva - Almost lyrical stuff; A gift to the blogosphere.

2. Junkfood Science - We can't believe we'd left her off the blogroll! Off we go to rectify the situation!

3. Musings of a Distractible Mind - Rob makes Flea think about llamas.

4. Respectful Insolence - Flea finds it hard to believe that Orac actually has time to practice medicine. This guy is a veritable *tour de force* of blogging.

5. Signout - One of our favorite new bloggers.

## Unstrange Minds

By Flea

**Unstrange Minds**: Remapping the World of Autism, by Roy Richard Grinker. New York: Basic Books (2007).

For those of us who care for children, whether it be at home, in the classroom, or in the office, Roy Richard Grinker has done a great service. He has written a book, part personal memoir, part ethnographic study, that will change the way many of us in the English-speaking world think about autism.

Roy Richard Grinker is Professor of Anthropology, Human Sciences and International Affairs at the George Washington University. His family history is compelling: if Grinker had chosen to go to medical school and become a psychiatrist, he would have been the fourth generation psychiatrist in his family! Grinker's great-grandfather Julius, gave up Psychiatry for Neurology, complaining that the patients were too intense for him. His grandfather, the first Roy Richard Grinker, was analyzed by Sigmund Freud in Vienna (to his credit, at no place in the book does our author refer to himself as "Roy Richard Grinker, III", though by all appearances that is his official name). In Jewish circles, this kind of lineage is what we'd call "major *yichus*".

Grinker's major contribution in this book is to demystify the concept of "epidemic" as it applies to the category "autism". In clear and robust language, accessible to the non-academic reader, Grinker explains that autistic people have always been with us. It is only now that we are able to see them because we know how to name the phenomenon.

The star of the book is Grinker's daughter Isabel, now 16 years old. Grinker chronicles the frequently painful details of Isabel's early life, her struggles and her triumphs. By the end of the book, one cannot help falling in love with this remarkable child. And one gains a great deal of admiration for her parents as well, Roy and Joyce Grinker, who navigate waters that in 1991, with respect to autism in the schools, where largely uncharted.

Grinker's obvious gifts as an ethnographer set his book apart from the several "Autism Biographies" currently in print. Some of the most fascinating, and troubling, sections of the book deal with the lives of autistic people in South Korea, India, and South Africa. Flea was compelled to put down Unstrange Minds and utter a quick prayer of thanks that he and his patients live in the United States.

In the course of his discussion of Korea and South Africa, Grinker observes that autistic children in rural communities had better outcomes than did similarly affected children in the cities. By better outcomes, Grinker means that the children in the countryside were better integrated into the economic and social life of the community than were city-dwelling autistics. At first, Flea worried that Grinker had fallen into an old annoying habit of anthropologists to romanticize the primative, or at least simple, way of life - to the detriment of the modern, urbanized way of life. But this is not what Grinker means at all. He merely points out that in rural areas, it is much harder to hide a child with autism, though a parent may want to. Autistics also more easily find jobs and their places in the community for the simple reason that their contributions, particularly their labor, are so badly *needed* in rural communities.

Grinker hopes that the integration of autistic individuals that has occurred in rural Korea and South Africa will continue and blossom here in the United States. He already sees signs of this happening. Today, Grinker observes a sea-change in attitude toward the presence of persons "on the spectrum" in our community:

> "As the general public learns to understand and appreciate people with autism, the autistic person is no longer strange or foreign. He or she is, instead, unstrange."

Unfortunately, the law of unintended consequences states that any change for the good cannot occur without *some* untoward outcome that is sure to cause some grief. In the case of autism, increased awareness and better epidemiology will sharply increase the demand on schools to provide resources and providers to accommodate children with autism. In relatively well-to-do Montgomery County Maryland, where the Grinker's live, such resources are hard to come by. Grinker retells several uncomfortable stories of doing battle with school administrators over resources for Isabel. How will less well-off school systems handle the onslaught of demand for special-ed services? Flea's guess is that many will fail, whether or not more tax dollars are diverted to the purpose.

Flea cannot help leaving his readers with one small quibble. Grinker, who gets so much right, is dead wrong about Pediatricians. Here is Grinker on the supposed habit of Pediatricians to reassure parents that their child is normal. "Normal, Grinker writes

> "is the word every parent wants to hear. Pediatricians are so well trained to use it that I've wondered if they get bored with it. I realize that in most cases they are right, that new parents often need reassurance... But there is that cynical side of me that imagines new pediatricians attending a training center someplace where they learn how to look sweet, dress in Disney ties, bow ties, or scarves to look just a little ridiculous, and say things like 'He'll be fine' so the hysterical mom will just go home."

Flea must have been sick the day they taught *Reassurance* in Pediatrics Residency. *Pace* Roy Richard Grinker, fleas today are trained *not* to reassure parents, but rather to increase parental worry by referring developmentally normal children for autism evaluations. The modern flea is exquisitely well-trained to over-test, over-diagnose, over-treat, and over-hospitalize.

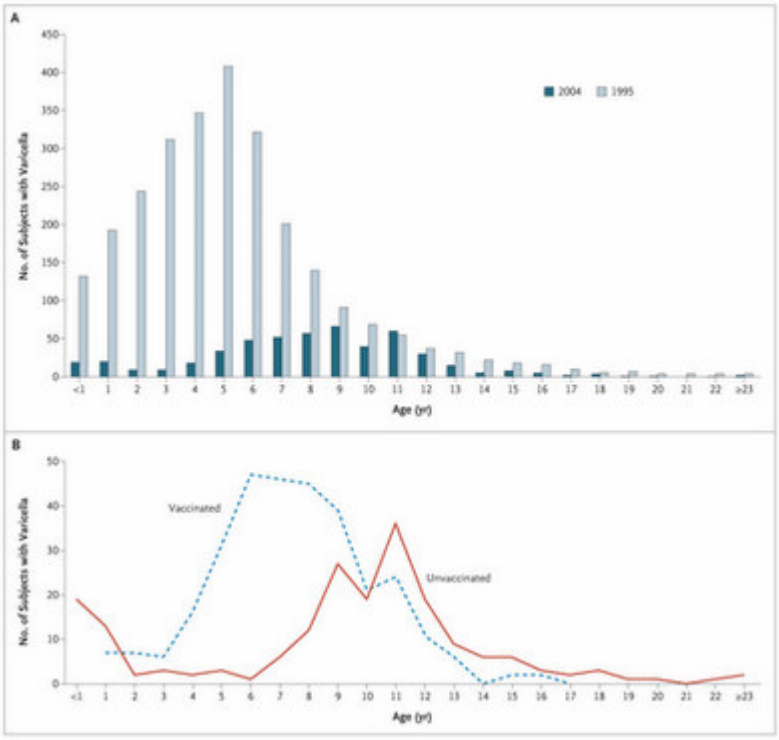
The minor quibbles having been noted, Unstrange Minds earns a place on Flea's blogroll. If for no other reason, read it for Isabel.

1 Reference

Posted on: Mon, Mar 19 2007 2:55 AM | Updated: Mon, Mar 19 2007 5:35 AM | Email This | Clip/Blog This Keep New:

## The Chicken Pox Vaccine Sucks!

By Flea




Greetings from Antelope Valley!

That's where the Varicella Active Surveillance Project has done another nice piece of epidemiology on chicken pox in the post-Varivax era.

The authors showed that whereas there are 85% fewer reported cases of chicken pox since institution of the vaccine, the peak incidence and severity of illness has shifted to older ages. The authors conclude that vaccine-induced immunity appears to wane over time.

They recommend adding a booster. The ACIP made a similar recommendation last June as well.

No surprise there.

No one asked Flea for his opinion when the Varicella vaccine guidelines were being promulgated, but he wouldn't have recommended making this one mandatory. Not because the vaccine sucks (we didn't know that until recently), but because VZV is a relatively benign self-limited disease of childhood.

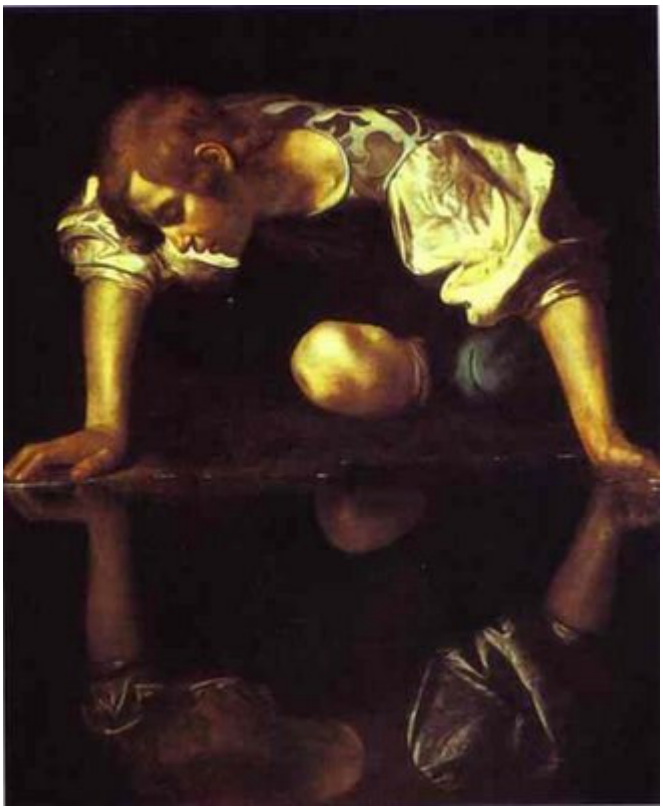
2 References

Posted on: Fri, Mar 16 2007 5:32 AM | Updated: Fri, Mar 16 2007 6:31 AM | Email This | Clip/Blog This

Keep New:

## Notes From the Lunatic Fringe - Gandhi With Breasts

By Flea



Flea has been going to and fro in the earth, and walking up and down in it.

Well... to tell the truth, Flea was only sitting at his desk and got an email from faithful reader Liz Ditz from I Speak of Dreams. But you get the idea.

Liz found me a truly wondrous creature named Rebecca Lee Roczen, M.D. (a/k/a Rebecca Lee Carley, M.D.)

At Dr. Carley's web site, you will discover "the cause of all diseases as well as how all diseases can be reversed with natural therapies via the Hippocrates Protocol".

If you call Dr. Carley at the number provided at her web site, she will take an extensive history of toxin exposure. Based on your child's history, Dr. Carley recommends a cocktail of "homeopathic nosodes" including colloidal silver. This detoxification restores the child to a "vibration of wellness".

Dr. Carley's license to practice medicine in New York State was revoked in 2004.

According to her own version of events, Dr. Carley was relieved of her license because she believes that vaccines cause disease and she sought to reverse the effects of vaccines in children (source: interview by the Chioropractic Leadership Alliance, linked at Carley's web site).

According to the New York State Board for Professional Medical Conduct, the psychiatrist that examined her found that Dr. Carley suffers from

> "a delusional disorder with the presence of narcissistic and borderline personality traits. [Carley] has delusions of persecution and grandiosity and that she believes that she is being persecuted because she is special".

The examiner went on to say that Carley

> "believes that her husband sodomized their son as part of a satanic ritual because she does not vaccinate and because she cures children with autism. [Carley] believes that her husband was fulfilling the government's role in performing anal penetration on their child and that this penetration sends a surge of energy to the child's brain resulting in the compartmentalization of the brain. [Carley] believes that the government is interested in pursuing all persons who are opposed to vaccinating children, which is part of a global government plot in collusion with the drug industry... [and that] she is being persecuted because she has a special ability to heal autism, attention deficit hyperactivity disorder, cancer and other autoimmune disorders."
>
> Finally, the State Board Documents state that Dr. Carley "refers to herself as 'Ghandi with breasts' as well as having been stripped to the bone and being able to save the world."

What do we make of Rebecca Carley?

We will stipulate that the ejaculations of an insane woman are not necessarily untrue by virtue of her insanity. That is to say, just because the lady's nuts doesn't mean what she's saying isn't true.

Having said that, the material at Carley's web site *is wild freakin' stuff*. Here's a sample:

> "What most people don't know is that the top level mad scientists from Nazi Germany were actually brought to the United States after the war through 'Operation Paperclip', and have been continuing their work to this day in places like Brookhaven labs, Cold Spring Harbor and Plum Island in this author's backyard on Long Island. In 1969 the U.S. military/CIA and Rockefeller directed National Academy of Sciences-National Research Council (NAS-NRC) announced that a research program to explore the feasibility of 'creating a new infective microorganism [HIV] which would be refractory to the immunological and therapeutic processes upon which we depend to maintain our relative freedom from infectious disease' could be completed at a total cost of $10 million. Yes, this is what your tax dollars are going towards, folks."

All right... Carley's a nut *and* the things she says are nutty. Flea fears some parents out there might actually be taking her advice.

And I only alone am escaped to tell thee.



## Flea's Medicine

By Flea

(via HealthBolt)

Flea is addicted to coffee. He can't get into the car in the morning without it. He can't practice medicine without it. He can't speak Portuguese without it.

You could say that Flea loves coffee. Just not enough to have sex with it. That's where we draw the line.

Posted on: Wed, Mar 14 2007 9:58 AM | Updated: Wed, Mar 14 2007 11:44 AM | Email This | Clip/Blog This Keep New:

## Goin' Mobile

By Flea


*I'm goin' home*
*And when I wanna go home*
*I'm goin' mobile*
*Well, I'm gonna find a home*
*And we'll see how it feels*
*Goin' mobile*
*Keep me movin'*

Say hello to Flea's new friend.

After seven years of lugging around a beeper and a phone, Flea has decided to enter the 21st century and get a Blackberry. Now we'll carry one device instead of two. No more struggling to figure out what number the patient left on the machine: it'll be on the phone.

For Flea's patients, instead of calling a voice mailbox and activating a pager, they'll call the Blackberry mailbox instead.

We've been accepting emails for several years now, but now we're going to push it hot and heavy so as to limit the number of phone messages we'll have to answer.

Readers of Flea may ask whether the Blackberry will further intrude on his privacy and his sleep. Thus far, the patients have been remarkably respectful. That is to say, some have not, but the majority have. If the volume of calls and pages becomes burdensome, we'll do something about it.

The point of all of this is to smooth access and communication between the doctor and the patients. Too much of modern medicine is characterized by barriers to communication. We're about breaking down barriers.

Now the only challenge will be to see if the Blackberry and Jill will get along.

Posted on: Tue, Mar 13 2007 4:12 AM | Updated: Tue, Mar 13 2007 4:41 AM | Email This | Clip/Blog This Keep New:

## Herder of Cats

By Flea

Pediatric Grand Rounds 1:24 is up at Sam Blackman's Blog, MD.

For those of you who don't know him, Sam is "a third year fellow in a combined pediatric hematology/oncology and pediatric neuro-oncology program. He's a husband, a scientist, a cyclist, a herder of cats, a music-lover, public radio junkie, amateur photographer, and avid reader (among other things). "

Among other things, Sam knows Flea, by which we mean he *really* knows Flea (in the personal as opposed to the Biblical sense).

PGR has for some time developed a fairly strong showing from parent-bloggers. Some of them are quite good, but Flea wishes more of his colleagues would ante up. Otherwise hosts may continue to pull selections from their fellow-flea blogrolls, without permission.

Flea isn't sure there's anything particularly unethical about "post-pulling". This is the way he first appeared in Nick Genes' Grand Rounds (before giving up on the project when it became unwieldy). One week, a host pulled one of our posts and posted at Grand Rounds. It was a great compliment.

Flea's Pick of the Week goes to *uber*-blogger Orac at Respectful Insolence, and his post "The Depths of Antivaccination Lunacy". This one wins not because Orac tips his had to yours truly, but because he writes so much better than Flea and his research is more thorough. Damn him!

Next up is Rob Lamberts at Musings of a Distractible Mind in two weeks. Wake up, y'all: we got some bloggin' to do! Word to the Twinkie!

Posted on: Mon, Mar 12 2007 3:27 AM | Updated: Mon, Mar 12 2007 12:28 PM | Email This | Clip/Blog This Keep New:

## The Song of the Cebu

By Flea

*Boy is riding with cebu*
*Into town in his canoe*
*Sick cebu is rowing and sneezing*
*achu moo moo achu moo moo*
*achu moo moo achu moo moo MOO MOO*

Flea isn't sure if EMTALA is the sacred cow of medicine, or even the sacred cebu, but Shadowfax the E.D. doc thinks so. M.D.O.D. picked up on this theme and wrote a nice piece on EMTALA's unintended consequences. It's a required read.

My only beef with 911doc's analysis is that it is focused overly on uninsured patients. To be sure, EMTALA created a butt-load of problems related to "care" of the uninsured. But I wish more docs would focus on the unintended effects of EMTALA on *insured* patients.

Here are just a random few in no particular order:

1. A disappearance of the distinctions among the categories "emergent", "urgent", and "non-urgent". Normal people simply don't understand these distinctions. It is our responsibility, including E.D. docs, to educate the folks.

2. Spread of the cult of over-test, over-diagnose, over-treat, and over-admit. If going to the doctor correlates with irrelevant tests and unneccesary drugs, going to the E.D. correlates with these phenomena in a large a serious way. It follows that patients come to believe that the tests and drugs are necessary: after all, a physician did these things!

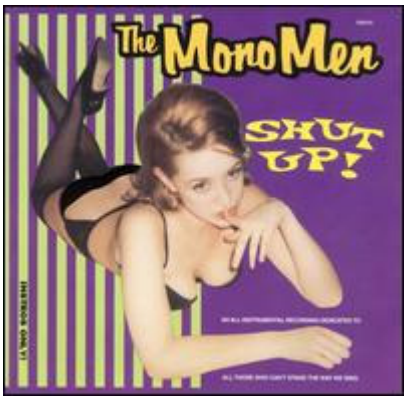
3. Fragmentation of care. Referrals often get made in the E.D. This should not happen, but it does. Primary care docs make referrals. Got that?

4. Fostering a general misunderstanding as to what it means to be sick. If a problem is bad enough to require all these tests and drugs, the patient must be *really sick*, right?

Posted on: Fri, Mar 9 2007 3:50 AM | Updated: Fri, Mar 9 2007 5:08 AM | Email This | Clip/Blog This Keep New:

## Autism Speaks to Flea

By Flea




Yesterday, Flea received a letter from Mark Roithmayr, president of Autism Speaks.

The letter accompanies a "consensus statement" produced by an "expert panel of pediatric gastroenterologists and autism specialists" on the subject of gastrointestinal problems in children with autism.

The consensus statement covers the following GI symptoms: Constipation, diarrhea, reflux, vomiting, and abdominal discomfort. The statement goes on to advise that fleas refer their patients to pediatric gastroenterologists if the patients' symptoms do not respond to initial management by the flea him/herself.

The panel of GI/autism experts then provides a list of examples of possible initial managment strategies, including dietary alterations and stool softeners.

After reading the letter, Flea found himself scratching his head. These are all things Flea *does already*! What the hell does all of this have to do with autism? The conditions and interventions listed by the "panel of experts" are all common presenting complaints that fill Flea's schedule from morning to night (sometimes on weekends). Why then did Roithmayr send a letter instructing Flea how to manage conditions he sees every day and already knows how to treat?

One of a couple possibilities present themselves: Either Roithmayr uses the mailing only to raise awareness of autism (as if that were necessary), or he believes fleas are so breathtakingly stupid as to need instruction from Autism Speaks regarding the diagnosis of common GI problems in children.

Flea figures it's the former, but fears the latter.

Posted on: Wed, Mar 7 2007 3:31 AM | Updated: Wed, Mar 7 2007 6:31 AM | Email This | Clip/Blog This Keep New:

## They Played a Movie at a Malpractice Trial?

By Flea

(via Dr. Charles)

Medical Economics posted an essay by a doctor Anna Maria Voltura regarding her horrific experiences on trial for medical malpractice.

> "I testified in court for four grueling hours. I was well prepared but nevertheless terrified I would say something wrong. I felt the need to repeat what took place over and over again just to make sure the jurors understood the sequence of events. The plaintiff's attorney--attractive, articulate, and dressed in an expensive suit--tried every trick in the book to get me to slip up, to say something she could twist into a lie. Anything she could to make me look inept, inexperienced, evil. Yes, evil. During closing arguments she played a scene of the Lord of the Rings: The Return of the King and equated the doctors in the case to the monsters. I sat there astounded that someone would actually say that I was an evil person wreaking havoc on innocent people behind the guise of a medical license."

Flea wonders if they'll show a film at his malpractice trial. He sure hopes it's this one. If not, this one or this one will do.

By the way, Dr. Voltura emerged victorious from her ordeal. Flea really wishes he'd stop reading malpractice stories with happy endings until after his own trial is over.

Posted on: Tue, Mar 6 2007 3:20 AM | Updated: Tue, Mar 6 2007 3:31 AM | Email This | Clip/Blog This Keep New:

## Submit to PGR or the Bunny Gets It!

By Flea


Today is Purim, the Jewish Mardi Gras, sort of. All over the world, Jews are waking up with vicious hangovers, stumbling into shuls, and being assaulted by giant

bunnies wearing tefillin. This has got to stop!

Our only hope is to make contributions to the next issue of Pediatric Grand Rounds. Sam Blackman will be our host on Sunday, March 11th. Please send your contributions to me by e-mailing them to: samuel (dot) blackman (at) gmail (dot) com by Friday March 9th.

Fleas of the World, Unite! You have nothing to lose but your schpilkes!

Posted on: Sun, Mar 4 2007 1:40 AM | Updated: Sun, Mar 4 2007 1:50 AM | Email This | Clip/Blog This Keep New:

## Graham Answers His Own Question

By Flea

Posted at Over My Med Body yesterday:

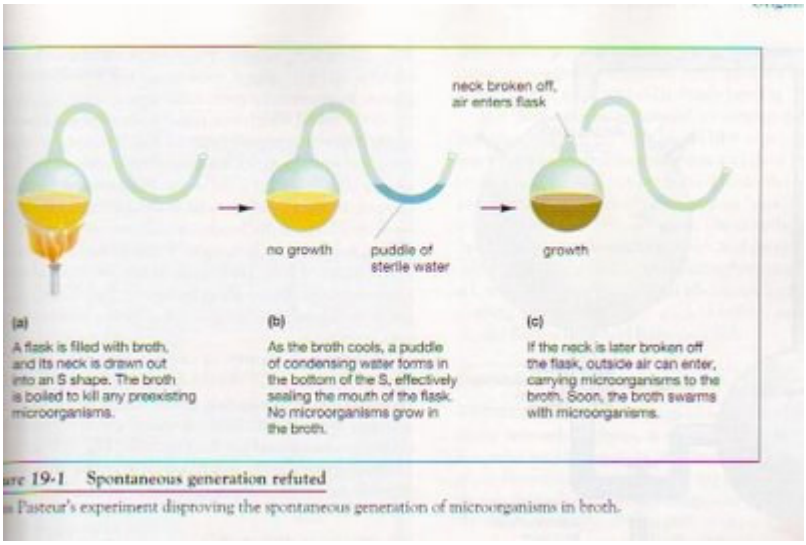
"A call to all the ER docs out there: how do you tactfully, non-insultingly tell patients who come in with minor complaints, "You're fine, go home, this is not an emergency, you should not come to an ER for a problem like this?" (For example, kid with a cold and low grade temp who is otherwise playful, active, eating and drinking well, with good sats, etc.)

There it is: The question that answers itself!

Posted on: Fri, Mar 2 2007 3:19 AM | Updated: Fri, Mar 2 2007 5:30 AM | Email This | Clip/Blog This Keep New:

## Political Advocacy Masquerading as Science

By Flea




Very little irritates Flea more than "scientific studies" that turn out to be nothing more than thinly-veiled political propaganda.

It irritates Flea *even more* when pediatricians perform such studies, or even merely place their imprimatur on them.

Steven Parker, M.D., about whom Flea has posted before, has placed his seal of approval on a real gaper and flamer this time.

In today's post, Parker crows about a "study" performed by the "Every Child Matters Education Fund".

> "A recent study, entitled "Homeland Insecurity," conclusively demonstrates a link between the state tax rate and important indicators of children's health (including low birth weight, neonatal mortality, juvenile incarceration, teen pregnancy, and death)."

The title of the study is a give-away. Readers anticipate, or ought to anticipate, that a document with such a title, having a little fun with the current administration's War on Terror, promises a fair dose of political commentary. Such anticipation will not be disappointed.

The 124-page article can be read as a polemic on the virtues of redistribution of wealth, with a hefty dose of Texas-bashing along the way. Parker comments:

> "Whatever your political leanings, I hope we can all agree that one proper role of government is to protect and enhance the health of our children."

Huh? Flea is no civics major, but he's read the U.S. constitution and he cannot locate the particular "proper role of government" to which Dr. Parker refers.

Here's the point: Parker has every right to sing the praises of the Redistributionist State. Flea is calling him on the carpet for praising a "study" that "conclusively demostrates" something, when Parker knows full well that **correlation is not causation**. His obvious glee with the study's findings appears to dampen Parker's ability to examine critically the evidence presented. That is, *if he actually read the article*.



## Scurvy. Not Just a Disease.

By Flea

Scurvy is: Marc Lawson, Antonio Mariz, Yuki Ueno, Adam Hocherman photo by Mr. Ueno

# Scurvy. Not Just A Disease.

by Ankur Desai

Scurvy, one of Greeley's rising musical groups, originated early last year in order to play for the first coffee house. Unfortunately, their performance did not go quite as planned. Due to many technical difficulties, the evening was a complete disaster. Scurvy consists of three juniors and one senior. Yuki Ueno on guitar as well as lead vocals, Adam Hocherman on bass guitar and keyboard, Antonio Mariz on lead guitar, and Mark Lawson behind the band on the drums. The bands name, which is a disease caused by a deficiency of vitamin C, was coined by former lead singer, Chris Muldoon.

At this year's first coffee house, the band played to an entirely new tune and gave one of the best performances of the night. Despite being the closing act, many people remained to listen to this band which had advertised the previous week. Because of the slam dancing earlier that evening the band was afraid that the power would be cut by Gary if things got too rowdy.

Slam dancing and chants of "Scurvy, Scurvy" persisted as the band played through their entire set. They performed five songs, *Sweet Child O' Mine* and *Knockin' On Heaven's Door* by Guns 'n Roses, *Summer Nights* by Van Halen, *Ride The Wind* by Poison, and *Smellz Like Teen Spirit* by Nirvana.

What are Scurvy's plans for the future? The band hopes to get some payed gigs in order to finance new equipment and you'll be able to see them perform at this coming Earth Day in late April.

A commenter implores Flea to investigate the work of the late C.A.B. Clemetson. Flea has now done this.

Clemetson was an academic OB-GYN who retired with emeritus status from Tulane University in 1991. Two years before his death in 2006, Dr. Clemetson published an article in Medical Hypotheses entitled "Elevated blood histamine caused by vaccinations and Vitamin C deficiency may mimic the shaken baby syndrome".

Clemetson's hypothesis is based on two things: his lifelong interest in the effects of Vitamin C on human metabolism, and a paper he wrote in 1980 demonstrating a relationship between Vitamin C and serum histamine levels.

A simplified version of Clemetson's hypothesis goes like this: Vaccine administration causes, or may cause, massive release of histamine into an infant's blood stream. Among the principal actions of histamine on blood vessels is increased vascular permeability, and perhaps, fragility. Extravasation of blood then occurs in retinas and sub-dural bridging vessels. This gives rise to the pathology that may be mistaken for shaken baby syndrome. Vitamin C may prevent the increases in serum histamine that give rise to vascular injury.

Clemetson argues further that many infants may suffer from a sub-clinical form of Scurvy, the result of severe Vitamin C deficiency. In the presence of smaller concentration of circulating histamine, small blood vessels would leak blood more easily.

That's it in a nutshell. There are two problems with Clemetson's hypothesis:

The first problem derives from what is already known about the effects of histamine on cerebral circulation. Histamine is well known to increase cerebrovascular permeability, but it does not induce blood vessel breakage, leading to observable bleeding.

Second, to Flea's knowledge, there is no such thing as "sub-clinical Scurvy". We will stipulate that there are individuals, including infants, that have sub-optimal Vitamin C levels. Scurvy, on the other hand, is a clinical diagnosis, made on the basis of physical findings. In the absence of physical findings, it's not really kosher to call a

condition "Scurvy".

Even if Clemetson were to jettison the portion of the hypothesis dealing with histamine, the question remains: is there such a thing as Vitamin C deficiency in infants? There is no literature on the subject. In the U.S., where virtually the entire population of infants is either breast-fed or fed standard infant formula, this is a difficult proposition to swallow.

There, we've addressed it.

Nurse, will you show the next crackpot in, please?

Posted on: Tue, Feb 27 2007 3:05 PM | Updated: Tue, Feb 27 2007 8:52 AM | Email This | Clip/Blog This Keep New:

## Red Carpet Treatment

By Flea


Check it out!

Pediatric Grand Rounds 1:23 is up at Allergy and Asthma Source.

Lourdes de Asis (not shown at left) is an allergist at Pascack Valley and New York Valley Hospitals in New Jersey. That makes her Flea's Homey. She's also a fellow of the American Academy of Allergy, Asthma, and Immunology and the American College of Allergy, Asthma, and Immunology. *And* she's an assistant clinical professor at the Albert Einstein College of Medicine in the Bronx, so she's *wicked smaht*!

Flea's pick of the week goes to this post by newcomer the doc whisperer. It's about E.D. docs losing their jobs because they are not board-certified. It turns out that 15-years experience *actually doing the job* doesn't cut it any longer. Anyone heard of 'grandfathering'?

Note to self: Must get PGR submissions in on time! Otherwise Flea doesn't get to pick the post he wants to submit!

Second note to self: Must i.d. starlet on red carpet.



## More Notes From the Lunatic Fringe

By Flea

Once again Flea has been going to and fro in the earth, and walking up and down in it. This time he's brought back a particularly tasty little morsel for his readers' consideration.

We have located a woman named Viera Scheibner. An anti-vaccination website describes Dr. Scheibner as "a retired Principal Research Scientist with a doctorate in Natural Sciences." (Actually, she's a micropaleontologist).

Her bio continues:

> "Despite extensive research of orthodox medical research published on vaccines over the past 100 years, [Dr. Scheibner] could find no scientific evidence that these injections of highly noxious substances prevent diseases, quite the contrary, that they increase susceptibility to them, in addition to causing a host of immune disorders and other damage to the body, including the brain. She was forced to conclude that they represent nothing but a medical assault on the immune system... [Dr. Scheibner] is also accepted as expert witness in court cases relating to death and injuries caused by vaccines, such as so-called "shaken baby" syndrome injuries, which like many vaccine injuries can be fatal."

Scare-quotes around the words "shaken baby"? Expert witness in court cases? What's up with that?

Here's what: Scheibner is author of an article entitled Shaken Baby Syndrome Diagnosis on Shaky Ground, published in the Journal of Australasian College of Nutritional & Environmental Medicine, (Vol. 20 No. 2; August 2001)

> "ABSTRACT An epidemic of accusations against parents and baby sitters of shaken baby syndrome is sweeping the developed world. The United States and the United Kingdom are in the forefront of such questionable practice. Brain (mainly subdural, less often subarachnoid) and retinal haemorrhages, retinal detachments, and rib and other bone 'fractures' are considered pathognomonic. However, the reality of these injuries is very different and well documented: the vast majority occur after the administration of childhood vaccines and a minority of cases are due to documented birth injuries and pre-eclamptic and eclamptic states of the mothers.
>
> Evidence that vaccines cause brain and retinal haemorrhages and increased fragility of bones, has been published in refereed medical journals. That this has been to a great extent due to the depletion of vitamin C reserves resulting in acute scurvy, has also been published. I refer to such

> articles and demonstrate that there is a viable differential diagnosis available explaining the observed injuries in what is called the Shaken Baby Syndrome (SBS) as non-traumatic injuries, and that the diagnosis of SBS is an incorrect evaluation of the cause of such injuries; it has resulted in unspeakable injustices and suffering for the affected individuals and their families, and deprived the surviving babies of their parental care by replacing it with foster care. It does not reflect well on the justice and medical systems in the developed world which are, sadly, characterised by blindness to the most obvious and victimisation of the innocent. Those who inject babies with great numbers of vaccines within short periods of time in the first months of life, often ignoring the observed serious reactions to the previous lots of vaccines, are not only the accusers of innocent carers, but are not prosecuted or brought to justice; quite to the contrary, they continue injecting babies with toxic cocktails of vaccines and creating further innumerable cases of grievous bodily harm and death."

The "evidence" in refereed medical journals demonstrating that vaccines cause brain and retinal hemorrhages and increased fragility of bones" consists of a single reference to this Lancet article.

What about bones? How do vaccines cause the characteristic bony injuries associated with shaken baby syndrome? Scheibner answers: vaccines cause scurvy. (Honest: Flea is *not making this up*):

> "Vaccines of the kind given to babies as early as at birth and then one month later (hepatitis B vaccine) and DPT, Polio and Hib at 6 to 8 weeks of age, contain a number of toxins. The DPT (three in one vaccine), being the toxoid vaccine, contains pertussis, diphtheria and tetanus toxins which are treated with formaldehyde to decrease their toxicity. However, all of these treated toxins (toxoids) have the ability to revert back to their original toxicity by passage in the injected individuals, as demonstrated by Samore and Siber. These toxins are capable of causing, and they demonstrably cause, serious immunological, vascular and metabolic injuries, of which scurvy is one of many documented mechanisms."

Got it? Flea did a PubMed for vaccine-associated scurvy - couldn't find anything. By the way, here's the link to the abstract of the Samore and Siber article Scheibner cites. It says nothing at all about wild-type conversion of pertussis toxin, and the study was performed in rats.

Scheibner's conclusion? "The practice of accusing innocent carers of injuring vaccine-damaged children should cease forthwith."

And I only alone am escaped to tell thee.

9 References

Posted on: Sat, Feb 24 2007 2:16 PM | Updated: Sat, Feb 24 2007 4:08 PM | Email This | Clip/Blog This Keep New:

## What Would Doc Shazam Do?

By Flea

It's a shame that Doc Shazam doesn't work in Flea's neighborhood.

The author of Mr. Hassle's Long Underpants, Doc Shazam is an E.D. doc somewhere in the Rockies. She's hosted her blog since June 2003, and that makes her an old-timer in the med-blog business. She's a biker, a Colt's fan, and a faithful reader of Flea. Now she's paid us a huge compliment.

Please read her post entitled "What would Flea say/do?"

The money quote:

> "Part of my job as an ER doc is to educate. If I can educate patients on proper care at home in order to avoid an ER visit, then I've done a good job..."

Amen, Sister. May the road always rise to meet you.

Posted on: Fri, Feb 23 2007 3:57 PM | Updated: Fri, Feb 23 2007 4:14 PM | Email This | Clip/Blog This Keep New:

## Roy Richard Grinker Remaps NPR

By Flea


On February 20, 2007, Madeleine Brand, host of National Public Radio's "Day to Day" program, interviewed Roy Richard Grinker about his new book Unstrange Minds - Remapping the World of Autism.

At 3 minutes 58 seconds into the interview, Brand asks Grinker to explain how "well-educated people who have done their research" believe that some environmental cause such as vaccines causes autism. Listen to Grinker's answer. He dispatches this and all of Brand's questions crisply, confidently, and most important in Flea's view, accurately.

Flea cannot wait to read Unstrange Minds. A review at this blog will surely follow.

1 Reference

Posted on: Thu, Feb 22 2007 4:44 PM | Updated: Thu, Feb 22 2007 5:00 PM | Email This | Clip/Blog This Keep New:

## It's Good to Be a Kid

By Flea


Yet more evidence that Pediatricians are running out of things to do: The annual summary of U.S. vital statistics appears in the February number of Pediatrics.

It turns out that disease is taking fewer children, while unintentional injuries, homicide and suicide are becoming more prominent.

The infant mortality rate remains stunningly low at 67.9 per 100,000 live births.

> "More than half of all infant deaths in 2004 were attributable to 5 leading causes: congenital malformations (20%), disorders relating to short gestation and LBW, not elsewhere classified (17%), sudden infant death syndrome (8%), newborn affected by maternal complications of pregnancy (maternal complications) (6%), and unintentional injuries (4%). Final data for 2004 indicate that the order of the leading causes of death changed slightly between 2003 and 2004 as unintentional injuries moved from the sixth to the fifth leading cause."

Of these causes, disorders related to short gestation are being fought mightily and successfully by the Neonatologists. Maternal complications reside in the camp of the Obstetricians.

For children 1-19 years of age, the numbers are even more startling:

> "A total of 25,325 children and adolescents between the ages of 1 and 19 years died in the United States in 2004. The death rate for children aged 1 to 19 years in 2004 was 32.7 per 100,000 population, 0.9% lower than the rate of 33.0 in 2003. Although all of the tabulated age groups between 1 and 19 years of age produced downward mortality trends, the death rates did not decrease by a statistically significant margin for any of the age groups except for 1- to 4-year-olds. For all children aged 1 to 19 years, the first and second leading causes of death in 2004 were unintentional injuries and homicide, respectively. Unintentional injuries accounted for 44.0% of all deaths, and homicide accounted for 10.4% [*suicide, the fourth leading cause of death, accounted for 7.8%*]. The death rate for both of these leading causes did not change between 2003 and 2004. Among the 10 leading causes of death for this age group, the only death rate that decreased significantly between 2003 and 2004 was that for influenza and pneumonia (40%). A significant increase was registered only for suicide (18.2%)."

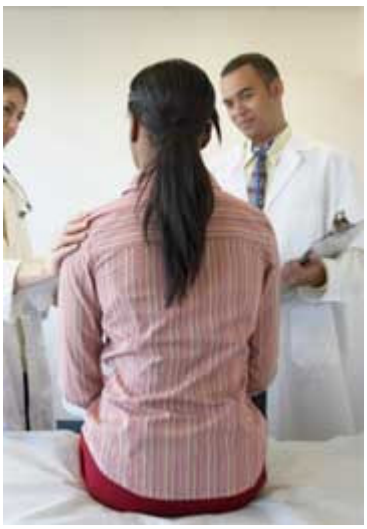
Only malignant neoplasms, number three on the list of causes of death at 8.5%, stands within reach of pediatricians, pediatric oncologists in this case.

Fleas are no longer needed to prevent deaths in children. That is, unless you believe that pediatricians are uniquely positioned in society to prevent accidents, murders, and suicides. Even if we were to stipulate that this proposition is true, you would have to agree that Pediatrics is a completely different specialty from the one originally conceived in the 1920's.



## Merck Backs Off

By Flea



When Texas became the first state to make HPV vaccination mandatory for girls entering 6th grade, few people realized that the maker of the vaccine, Merck, via a third-party, had lobbied Austin for approval of the plan. It turns out that 20 other states are now considering making the vaccine mandatory, and Merck's fingerprints are all over the place.

When word got out, the public outcry was fairly intense.

Today, Merck did the right thing and backed off.

> "Merck made the decision after groups including the American Academy of Pediatrics said there wasn't enough state funding to pay for the $360 vaccine or public acceptance, said Rick Haupt, director of medical affairs for Merck's vaccine division, in a telephone interview today...

> Merck began its campaign for the vaccine among state lawmakers even before it was approved in June 2006. The company, which is based in Whitehouse Station, New Jersey, decided to stop lobbying states because the focus had shifted to the campaign rather than to preventing cervical cancer, Haupt said.
>
> `Merck's early push was not the way to go,' said Larry Pickering, executive secretary of the advisory committee on immunization practices for the U.S. Centers for Disease Control and Prevention, in Atlanta. 'We want to convince people to use the vaccine because of its benefits.'
>
> 'Immediately implementing school laws is not optimal,'' Pickering said in a telephone interview today. 'We need to gather more data and reevaluate to see whether this kind of approach is necessary.''
>
> The vaccine is Merck's most important new product, capable of generating as much as $3 billion in annual sales, analysts have said. Revenue from Gardasil in the fourth quarter reached $155 million.
>
> 'Many support vaccine use broadly, but don't think this is the right time to engage in a school requirement,'' Haupt said. Merck will continue to lobby to get states to pay for the vaccine through programs for the uninsured and poor, he said.

In other words, even if the vaccine is a good idea (and Flea believes it is), Merck's lobbying turned the public against the whole idea, big time.

Flea understands why girls are the only target population, as they are the ones who get cervical cancer, but he hopes that boys will be vaccinated as well. If nothing else, it provides us with a "teachable moment" with our adolescent male patients.

4 References

Posted on: Tue, Feb 20 2007 3:31 PM | Updated: Tue, Feb 20 2007 3:54 PM | Email This | Clip/Blog This Keep New:

## Use of the E.D. by the Non-Emergently Ill

By Flea

Flea's ranting notwithstanding, use of emergency services by non-emergently ill patients in Massachusetts will continue. This piece by Liz Kowalczyk in the Boston Globe proves it.

The crux of the problem is that E.D.s, doctors and insurers have bigger headaches than the problem of non-emergently ill people showing up in the E.D. Listen to Ron Walls, E.D. chairman at Brigham and Women's Hospital in Boston:

> "People with minor problems are easy to take care of; they're quick and uncomplicated and are not high-resource users," said [Walls]. Redirecting patients with routine problems to community health centers, he said, will shorten their waits, but may not provide relief for sicker patients.

The article refers as well to studies that "that it may be cheaper overall to treat patients with minor problems in emergency rooms, which have to stay open anyway, than to pay for a large-scale expansion of primary care services (to see non-emergently ill patients.)"

There you have it. The docs don't mind seeing non-emergently ill patients. They're quick and easy. The State doesn't mind either. It's cheaper for the folks to be seen in the E.D. than for Massachusetts to subsidize community health centers.

The bigger fish being fried by the Commonwealth is the problem of bed-shortage in hospitals for *truly* ill patients. The article did not address the question of how many hospitalized patients truly need hospital level of care. In Pediatrics, this number is smaller than the number actually admitted to hospital.

*blueness returning to face*

Here's the problem: Overuse of emergency services for non-emergent complaints educates parents and their children that non-emergent conditions require emergency level of care. Thus when a toddler in my practice goes to the E.D. with cold symptoms and gets an I.V. (true story from last night), the parents learn that colds deserve I.V.'s

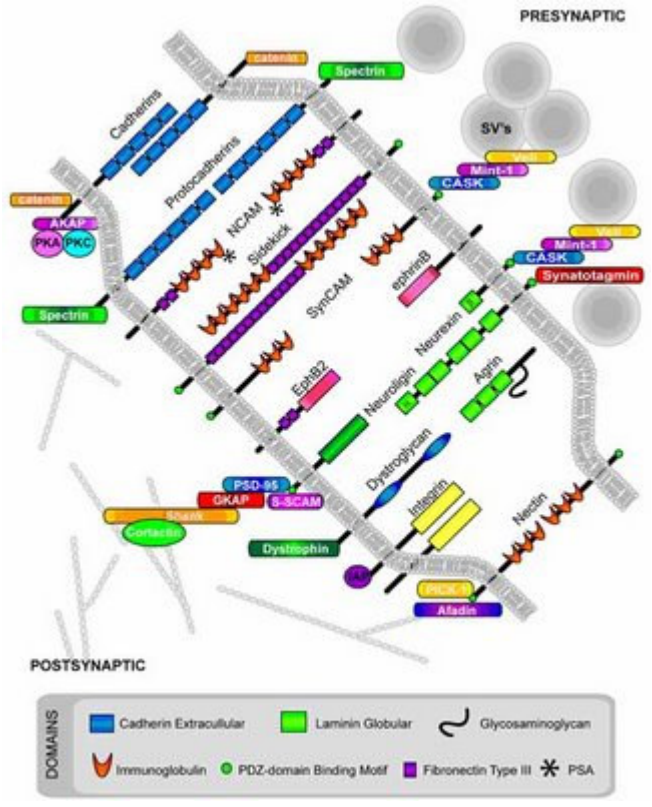
Once the lesson is taught, it's friggin' hard to unlearn. Flea knows that E.D. docs have a lot on their plates. If they can find the strength to do so, could they please help us educate patients not to go to the E.D. for minor complaints?

1 Reference

Posted on: Tue, Feb 20 2007 3:14 AM | Updated: Tue, Feb 20 2007 3:34 AM | Email This | Clip/Blog This Keep New:

## Neurexin and Autism

By Flea




Today there's yet more evidence to suggest that autism

is a heritable developmental brain abnormality.

A large-scale multi-center collaboration has resulted in gene-chip data from over 1,000 families with at least two members carrying a diagnosis of autism. By sheer brute force, and lots and lots of money, the gene-chip method has yielded two hot spots. The first is a gene called neurexin 1. Neurexin is a protein that helps guide formation of connections (synapses) between neighboring nerve cells. The other is a poorly defined large stretch of our 11th chromosome.

Reuters Health News reported that the teams involved in the Autism Gene Project "hope that nailing down the genetics of autism will lead to better ways to diagnose it and focus efforts on developing drugs to treat it."

Hold on a second: if autism turns out to be a developmental brain abnormality, as the focus on neurexin appears to suggest, how on earth will diagnosis occur? Blood tests? At what age? Neurexin produces no soluble markers. Mutations could not be detected on Newborn Screening profiles!

What about putative drugs to "treat" neurexin mutations? Neurexin directs synapse formation. Mucking with that, presuming it could be done in a developing brain, is virtually impossible based on the piddly little we understand about structure-function relationships in the brain.

Flea wishes the press wouldn't dangle reports like this in front of their lay readership. It's fascinating science, but it's no good to the folks who pray for autism treatments or cures.

What do you suppose the mercury folks will say about the neurexin story?

Posted on: Mon, Feb 19 2007 5:50 AM | Updated: Mon, Feb 19 2007 8:01 AM | Email This | Clip/Blog This Keep New:

## Stupdest is as Stupdest Does

By Flea


Below please find a comment from a reader, left yesterday. Flea waives the editor's prerogative to add "*sic*" in the appropriate places, as doing so would render the comment less, um, coherent.

"Dr.Flea,

Wow you've got to be the worlds stupdest doctor ever and someone shouyld take your medical liscence away."

The comment was made on this post from last May. Perhaps criticism of daycare gets some folks torqued off?

1 Reference

Posted on: Sat, Feb 17 2007 3:30 PM | Updated: Sat, Feb 17 2007 3:43 PM | Email This | Clip/Blog This Keep New:

## ADHD linked to Daycare, Health Insurance

By Flea

*Exposures to Daycare and Health Insurance and Attention Deficit Hyperactivity Disorder in U.S. Children*. Joe M. Braun; Robert S. Kahn, Tanya Froehlich, Peggy Auinger5, Bruce P. Lanphear. Environ Health Perspect. 2006;114(12):1904-1909. ©2006 National Institute of Environmental Health Sciences.

**Objective**: The purpose of this study was to examine the association of exposures to daycare and health insurance with attention deficit hyperactivity disorder (ADHD).
**Methods**: Data were obtained from the National Health and Nutrition Examination Survey 1999-2002. Daycare and health insurance exposure was based on parent report; ADHD was defined as having current stimulant medication use and parent report of ADHD diagnosed by a doctor or health professional.
**Results**: Of 4,704 children 4-15 years of age, 4.2% were reported to have ADHD and stimulant medication use, equivalent to 1.8 million children in the United States. In multivariable analysis, daycare exposure [odds ratio (OR) = 2.4 ; 95% confidence interval (CI) , 1.1-5.1] and health insurance coverage, OR = 18.9 ; 95% CI, 3.7-97.4) were significantly associated with ADHD. Postnatal tobacco smoke exposure was not associated with ADHD (OR = 0.6 ; 95% CI, 0.3-1.3 ; p = 0.22).
**Conclusions**: We conclude that exposure to daycare attendance and health insurance coverage are risk factors for ADHD in U.S. children.

---

Okay, okay... So Flea mucked with the text *a little*. But the data shown are all drawn from the actual article. The title and abstract have been amended for purely polemical reasons.

Here's the original abstract from Bruce Lanphear's article (with differences highlighted):

---

*Exposures to Environmental Toxicants and Attention Deficit Hyperactivity Disorder in U.S. Children* (same authors and publication info)

**"Objective**: The purpose of this study was to examine the association of exposures to tobacco smoke and environmental lead with attention deficit hyperactivity disorder (ADHD).
**Methods**: Data were obtained from the National Health and Nutrition Examination Survey 1999-2002. Prenatal and postnatal tobacco exposure was based on parent report ; lead exposure was measured using blood lead concentration. ADHD was defined as having current stimulant medication use and parent report of ADHD diagnosed by a doctor or health professional.
**Results**: Of 4,704 children 4-15 years of age, 4.2% were reported to have ADHD and stimulant medication use, equivalent to 1.8 million children in the United States. In multivariable analysis, **prenatal tobacco exposure [odds ratio (OR) = 2.5 ; 95% confidence interval (CI) , 1.2-5.2] and higher blood lead concentration (first vs. fifth quintile, OR = 4.1 ; 95% CI, 1.2-14.0) were significantly associated with ADHD.** Postnatal tobacco smoke exposure was not associated with ADHD (OR = 0.6 ; 95% CI, 0.3-1.3 ; p = 0.22)**. If causally**

**linked, these data suggest that prenatal tobacco exposure accounts for 270,000 excess cases of ADHD, and lead exposure accounts for 290,000 excess cases of ADHD in U.S. children.**
**Conclusions**: We conclude that exposure to prenatal tobacco and environmental lead are risk factors for ADHD in U.S. children. "

---

In other words, Lanphear's group demonstrated that daycare attendance was *just as likely* as blood lead level > 2 mcg/dL to be associated with ADHD. If the child were covered by health insurance, the children in the NHANES cohort were *way more* likely to have ADHD, with an adjusted odds ratio of 18.9 (all the data cited above achieved statistical significance except for post-natal environmental smoke exposure).

In the discussion, Lanphear attempts to explain the daycare association:

> "Presumably, children who attend preschool or child care are more likely to have problem behaviors noted by staff, thus increasing their chance for referral and diagnosis of ADHD by a health professional. Results from the NICHD child care study also suggest that children who are more aggressive and disobedient are more likely to be placed in child care at younger ages and for longer periods of time (NICHD 2003). Regardless of the reason for this finding, staff at these facilities may play an important role in identifying and referring children with behavior problems for early intervention."

Uh-huh? Is that all ya got?

Lanphear doesn't bother to take a crack at the health insurance association. BTW, why isn't *post*-natal ETS associated with ADHD? Your guess is as good as Flea's.

Lanphear also fails to mention that blood lead levels have fallen precipitously over the last thirty years, and yet the apparent prevalence of ADHD appears to be rising even more rapidly. Finally, Lanphear fails to mention that chelation for children with blood lead levels less than 44 mcg/dL has no effect on neuropsychological development. So with average blood lead levels falling asymptotically toward zero in the United States, it's hard to know what Lanphear means to accomplish by pursuing environmental lead exposure.

Last question: Why doesn't Lanphear tell us how many excess cases of ADHD result from daycare and health insurance exposure?

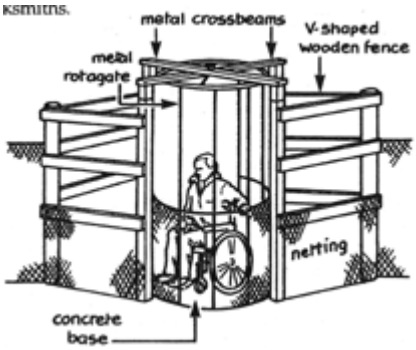
Flea's only askin'.

2 References

Posted on: Thu, Feb 15 2007 12:36 AM | Updated: Thu, Feb 15 2007 12:13 AM | Email This | Clip/Blog This Keep New:

## Rota-gate!

By Flea




This newsflash was all over the wires and in Flea's inbox this morning. Flea's mad at himself for failing to predict that RotoTeq would get blamed for cases of intussusception in vaccinated infants. Sure enough, 28 infants, previously given oral doses of RotaTeq, made by Merck, have developed this bowel complication.

As Sam pointed out this morning in his excellent analysis, there is a certain number of infants that will develop intussusception every year, whether they receive the vaccine or not. It turns out that the number of cases reported so far does not exceed the background rate.

And now, a little late, comes Flea's bold prediction: There will more, *lots more* reports of intussusception related to RotaTeq.

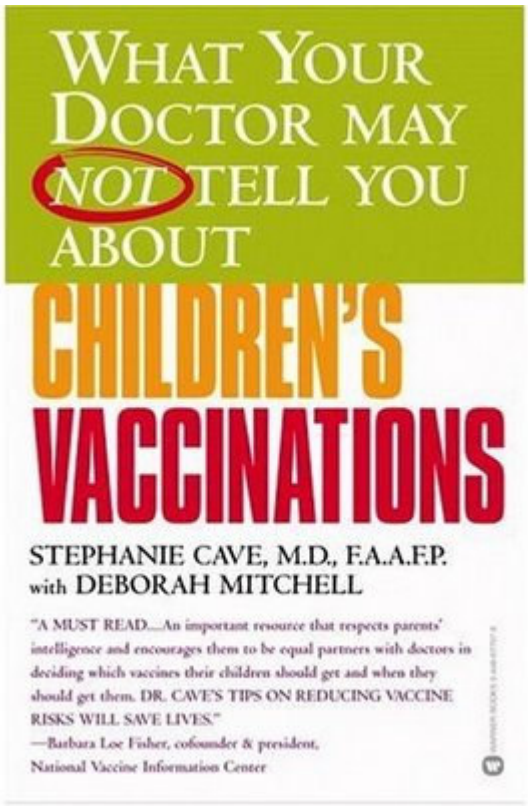
In general Flea is favorably disposed towards an oral Rotavirus vaccine. Rota causes a fair amount of misery every winter, though virtually no children die of diarrheal illness in this country. The morbidity-prevention alone justifies widespread use of the vaccine. The major problem with the vaccine is its expense combined with our state's decision not to pay for it yet. When they do, Flea will hop on board with all six legs.

1 Reference

Posted on: Wed, Feb 14 2007 4:23 AM | Updated: Wed, Feb 14 2007 5:37 AM | Email This | Clip/Blog This Keep New:

## Stephanie Cave, Philosopher-Queen

By Flea




What Your Doctor May Not Tell You About Childrens Vacinations, by Stephanie Cave, MD, FAAFP, with Deborah Mitchell. New York: Warner Books (2001)

> "[Socrates] And now, I said, let me show in a figure how far our nature is enlightened or unenlightened: --Behold! human beings living in a underground cave, which has a mouth open towards the light and reaching all along the cave; here they have been from their childhood, and have their legs and necks chained so that they cannot move, and can only see before them, being prevented by the chains from turning round their heads. Above and behind them a fire is blazing at a distance, and between the fire and the prisoners there is a raised way; and you will see, if you look, a low wall built along the way, like the screen which marionette players have in front of them, over which they show the puppets.
>
> [Glaucon] I see."

Plato's Allegory of the Cave comes to teach that Truth is not apprehensible by means human senses alone - We can only come to know Truth via education. According to Plato, the job of the teacher is to point students toward the True and the Good and to encourage students to apprehend these things for themselves.

The world of health and medicine is a particularly dark corner of the cave. The workings of the body, the mysteries of disease and its prevention prove difficult to access via the unaided senses. For this reason we have created academies devoted to the education of medical philospher-kings and queens. Those academies are called "medical schools" and the products of those schools we refer to as "doctors".

One such product of our academy is Stephanie Cave (verbal joke absolutely intended). Dr. Cave has written a book designed to educate the wretched, blinded inhabitants of Plato's cave to understand vaccines and the diseases they are designed to prevent.

What kind of Philosopher-Queen is Stephanie Cave? And what does she come to teach us about childhood vaccines?

Dr. Cave believes with perfect faith that heavy metals cause developmental disorders in children. She believes futher that chelation therapy cures children with ADD, ADHD, and PDD. The following is excerpted from a 2002 interview with Mothering Magazine:

> "MM: Did you find [mercury, aluminum, antimony, and arsenic] across the board in children who exhibited some form of developmental delay?
>
> SC: Yes. The children fell within the autism spectrum, including those with speech and language delay, ADD, ADHD, PDD-NOS (Pervasive Development Disorder Not Otherwise Specified), Asperger's Syndrome, and Autism DSM-IV (*sic*). I feel they are part of the same spectrum because they all seem to improve dramatically when we start treating them metabolically and actually detoxifying the metal. They improved as we did repletion of nutrition and improved bowel-bacteria balance. But when we started pulling metal, all of them started turning around. And the earlier they were treated, the greater the improvement."

According to Dr. Cave, heavy metals are to blame not only for ADHD and PDD, but are responsible as well for certain normal variants of motor development. Here is part of an exchange, taken apparently from a Q&A session with mothers:

> "Q: What causes toe walking? How can you get rid of it?
>
> A (Dr. Cave): Toxins, heavy metals, lack of chemistry, lack of magnesium."

In similar fashion to Flea's new best friend Alix, Dr. Cave predicts in her book that removal of Thimerosal from childhood vaccines will have an enormous beneficial effect on the rates of autism and other developmental disorders. Flea eagerly awaits the next edition of Dr. Cave's book for her assessment of the hoped-for improvement.

Flea got a splitting headache reading Dr. Cave's book. It is a riddled throughout with junk science, junk medicine, and voodoo therapies. The parade of factoids and nonsense fairly dance off the page. A post-length review could not address them all. On one page Dr. Cave states definitively that Vitamin C prevents adverse vaccine reactions. Two pages later she backs off from this claim, adding that Vitamin C "may" prevent adverse reactions. Elsewhere she rehearses the urban legend that oral polio vaccine was responsible for the outbreak of AIDS in San Francisco in the early 1980's.

Dr. Cave also peddles two hoary factoids that have never been adequately rebutted. The first is that an infant's immune system is in some sense "weak". Flea knows of no credible evidence to suggest that an infant cannot handle introduction of proteins and toxoids at early ages. The second is the canard that separating the components of the Measles-Mumps-Rubella vaccine give fewer adverse reactions than giving them together. Again, there is no data whatsoever to support this claim.

It saddens Flea to report that Dr. Cave's book is widely regarded as "balanced". Dr. Cave earns this designation, apparently, because she does not advocate abandoning the vaccine program altogether. If this book is what passes for "balance" in the vaccine debate, we are all in a great deal of trouble.

Finally, Flea derives no joy from informing his faithful readers that Stephanie Cave is no Philosopher-Queen. She leads her readers right back into Plato's cave, where she lovingly places chains back on their legs and necks.



## Repeal EMTALA!

By Flea

Shadowfax, over at Movin' Meat, tries his hand at constitional law. He speculates that the Emergency Medical Treatment and Active Labor act of 1985 (EMTALA) may violate the "Takings Clause" of the 5th Amendment to the Constitution. The post hinges on the following question: Is a physician's labor "property" that the governement cannot commandeer without compensation?

Flea is no lawyer, but the smart money in this dispute is with the government. Unfunded mandates are what the Feds do best. If they want us to see patients with no guarantee we'll be paid for it, they can damn well make us do it.

Flea and Shadowfax agree on one thing: EMTALA needs to be reworked. If congress must repeal it and start again, so be it. Neither of us suggest we ought to return to the days of patient-dumping. We agree that there needs to be greater disincentives for folks to stop off at the ED between stops at Dunkin' Donuts and pre-school.

Of greater importance to Flea, however, is the Prudent Layperson Standard. The PLS can be thought of as a corollary of EMTALA, or as Flea has referred to it, EMTALA's evil spawn.

The PLS states essentially that you are sick enough to be in an emergency department if you show up at one. At least this is the way it has shaken out in practice.

EMTALA and the PLS have caused otherwise sensible folks to seek emergency level of care for non-emergent conditions. When the folks then receive emergency level of care, they learn that non-emergent conditions *deserve* emergency level of care. And they come back for more, this time joined by their friends. Everyone ends up believing that we're sicker than we really are.

Criticisms of EMTALA too often focus on the uninsured who crowd ED waiting rooms. Would that the uninsured waited alone! Unfortunately, they share those waiting rooms with insured patients, and patients on Medicare and Medicaid.

There was a time in recent memory when the expression "the emergency room" was always joined to the expression "rushed to".

EMTALA and the PLS tore these phrases asunder. It's long since time to paste them back together.

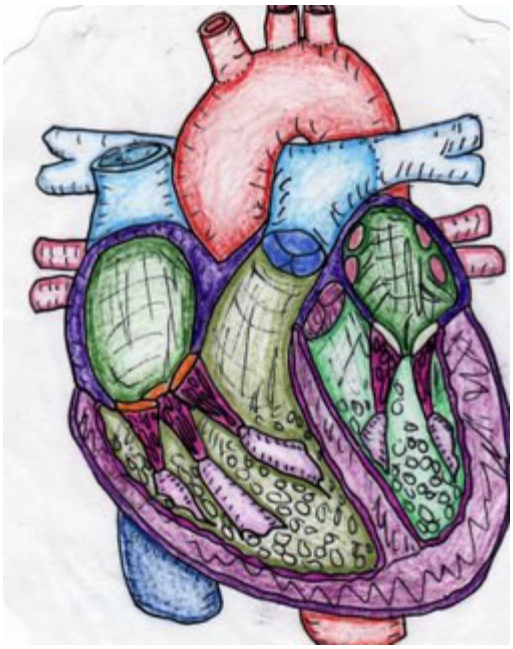
2 References

Posted on: Mon, Feb 12 2007 11:48 AM | Updated: Mon, Feb 12 2007 8:21 AM | Email This Keep New:

| Clip/Blog This

## Hearts and Minds

By Flea



Pediatric Grand Rounds 1:22 is up at Adventures of an Awesome Mom.

Melissa did an admirable job in her first PGR hosting experience. Flea notices that most of us had the same trouble coming up with thematically-correct posts as per request. So it goes.

Flea's pick of the week goes to the incomparable Kim McAllister at Emergiblog, for her post, "Call 911 He's Dead!" Briefly, the post is Kim's horrific experience, 21 years ago, of a simple febrile seizure in her 20-month old son, and the ordeal of the subsequent E.D. visit.

As per usual, what catches Flea's attention in Kim's post is tangential to the main point of the post: the telephone conversation between the E.D. doc and her son's pediatrician. That an exchange between doctors occurred *at all* is increasingly rare in this day and age, at least in Flea's community. Most notable, the primary care doc determines that Kim's son doesn't need to be hospitalized, given Kim's expertise and judgment, and the relative lack of seriousness of her son's illness.

These days, if mom wanted to be admitted, the child would be admitted. Today's pediatric house officers are trained that "social reasons" such as "worried mom" are perfectly adequate justifications for hospital admission.

Flea disagrees. Hospitalization for problems that do not require hospital level of care educates patients *and doctors* that a particular acute illness is more serious than it really is. The effects of such decisions ripple far beyond the E.D. into the community at large. It's a pernicious development and it should end as soon as possible.

Kim gets it. Why doesn't anybody else?

Posted on: Sun, Feb 11 2007 7:33 AM | Updated: Sun, Feb 11 2007 4:14 AM | Email This | Clip/Blog This Keep New:

## Hedge Fun!

By Flea


Say hello to Alix, the author of "med nauseum blog".

Alix's area of expertise is medical research in the consulting industry, according to her profile. Alix says: "Chronic illness is irrefutably a modern scourge that can be reversed through healthy eating, avoiding some types of medication, and safe vaccination. Med Nauseum trolls the most recent literature to bring you research and credible hypotheses about inconvenient cures for chronic illness. Your cure may not be with your doctor but within your control. You just have to be sick of being sick."

Flea knew there was some trick to it. Thanks Alix!

Yesterday (February 8, 2007) on the occasion of release of the CDC's latest data on prevalence of autism among 8-year olds in 2002, Alix pounces:

> "The [autism prevalence] data will get worse through 2010 if they (*sic*) wait until all the kids born in 2002 turn 8 to measure how bad the epidemic got before removing thimerosal from most children's vaccines. That's a pretty big lag in the data - I would call this study a "lagging indicator" of something everyone already knows. They should be looking at kids 3 and older born in 2002 versus 2003 and 2004, but that data is only beginning to come out."

Then Alix places a hedge against her bet that autism rates will drop after removal of Thimerosal. Perhaps it's the vaccines themselves, with or *without* Thimerosal!

> "The sheer number of childhood vaccines is overwhelming in itself, so it's hard to say how much (*sic*) of the neurological problems in children are due to mercury and how much to cumulative vaccine overdose/overload. Three of 4 parents who've tried mercury chelation say it was helpful in their kids though… so that tells us something about how many cases could be due to mercury."

Then Alix makes a prediction. Here's where it gets fun:

> "With further studies like this one, we are still 8 years from beginning to see if rates of autism drop off after removal of mercury from most children's vaccines."

And then, one final hedge:

> "Remember though, that the CDC and WHO have heavily pushed mercury-containing flu shots, and

> especially in the 2006/2007 flu season by marketing to younger populations. That 25 mcg of mercury in flu shots is way over the EPA's safe limit for children. So, conveniently for vaccine manufacturers and the CDC, there is noise in the data which will make it harder to see a dramatic drop-off in autism in kids born in 2003/2004."

Aren't those guys at big pharma and the CDC clever? We won't see the drop-off in autism rates because they will continue to push mercury-containing flu shots!!! (Flea can hear echoes of evil laughter.)

BTW, Flea gives Thimerosal-free flu shots, so, like, whatever.

4 References

Posted on: Fri, Feb 9 2007 3:27 AM | Updated: Fri, Feb 9 2007 10:26 AM | Email This | Clip/Blog This Keep New:

## Arthur Caplan Superstar

By Flea

Flea has been a big fan of Arthur Caplan for a long time. Caplan is the Emmanuel and Robert Hart Professor of Bioethics at the University of Pennsylvania and Chairman of the department of Medical Ethics there.

Caplan has long stood, practically alone, as a moderate voice in a sea of raving lunatics posing as bioethicists. Flea doesn't always agree with Caplan, but his reasoning is always sound, his arguments impeccably marshalled, and his speech plain and relatively free of jargon. What's not to like?

Now Caplan weighs in on the Vaccine-Autism "controversy". An anonymous commenter sent a tip on an opinion piece by Caplan in the Philadelphia Inquirer, February 7, 2007. Here's an excerpt:

> "What must it be like to spend a huge amount of time every waking day trying to change public health practice - only to find out that you were wrong?
>
> That is precisely what has happened to the proponents of the theory that mercury in vaccines - contained in the preservative thimerosal, which once was used (and is used no longer) in vaccines - is responsible for a nearly 20-year explosion in autism and other neurological disorders among American children.
>
> This urban legend has had very real - and terrible - consequences. It has led, and continues to lead, many parents to avoid getting their kids and themselves vaccinated against life-threatening diseases. The failure to vaccinate has caused many preventable deaths and avoidable hospitalizations from measles, whooping cough, diphtheria, flu, hepatitis and meningitis. And fear of vaccines puts each one of us at risk that we, our children or grandchildren will become part of a deadly outbreak triggered by someone whose parents avoided getting their child vaccinated for fear

of autism.

Recent research on many fronts in medicine and science has nailed the coffin shut on the mercury-in-vaccines-causes-autism hypothesis. The connection is just not there. Perhaps the key fact, which has garnered little attention, is that thimerosal has been removed from vaccines in this and other countries for many years, with no obvious impact on the incidence of autism. The most recent data point toward a correlation with nothing at all to do with vaccines: the increasing age at which people (particularly men) have children seems to be associated with an increase in autism and other neurological problems.

Still, some of the most fervent anti-vaccine critics cannot let go. They continue to tell devastated parents of children with autism that vaccines are to blame. Others are still out on the lecture circuit peddling books and articles that bash vaccines and invoke mercury as a problem. Still others pepper the Internet with the false message that vaccines and autism do go hand in hand - it is just that the government, or the pharmaceutical companies, or organized medicine, or all of them, are keeping the truth from us all...

*Now, with the mercury long out of vaccines, what is there left to say? Why won't the slandering of vaccines as the cause of autism stop?* (emphasis added)"

We need more measured, reasonable, forceful voices like that of Arthur Caplan.

After all, who's gonna listen to a flea?

1 Reference

Posted on: Thu, Feb 8 2007 3:16 AM | Updated: Wed, Feb 7 2007 10:20 PM | Email This | Clip/Blog This Keep New:

## Awesome PGR Coming Up

By Flea

The upcoming version of Pediatric Grand Rounds will be held over at Adventures of an Awesome (Sometimes) Mother. In honor of Valentine's Day and Congenital Heart Defect Awareness Day (February 14) Awesome Mom plans to host a "heart theme". Please send your submissions to lissa2061 AT yahoo DOT com by 10 PM February 10.

Okay then.

Flea's feelings about Valentine's Day have already been hinted at. Themed rounds also tend not to go over too well at Flea. There is very little chance that a Flea will produce a heart-themed post. He will, however, attempt to produce a heart-*shaped* post.

Posted on: Tue, Feb 6 2007 4:29 AM | Updated: Tue, Feb 6 2007 6:55 AM | Email This | Clip/Blog This Keep New:

## The Knack

By Flea

Flea's been seeing a lot of this going around. Could it be an epidemic? Perhaps it should be reported to VAERS?

1 Reference

Posted on: Sun, Feb 4 2007 9:32 AM | Updated: Sun, Feb 4 2007 9:42 AM | Email This | Clip/Blog This Keep New:

## Flea-peat

By Flea

*The following is a re-post from February 2, 2006. Call it a "Flea-post", or a "Flea-wined", or what you will. Flea's brain is still recovering from noroviremia.*

Today, a tiny defenseless creature was wrapped up and dragged out into the cold for no good reason whatsoever.

This newborn, born at term to a first-time mother, was breastfeeding well and was even gaining weight before discharge from the hospital! The family and I had arranged for me to pay a house-call this week. But the discharging pediatrician at the hospital insisted that the baby be seen in my office the next day, for reasons of... well it isn't clear why the baby needs to be seen the next day! In fact, there are *no* evidence-based guidelines that suggest a need for such early follow-up of healthy term infants.

Newborn babies are exquisitely sensitive to sensory stimuli. Unlike us, they are unable to filter unimportant, especially *unpleasant* sensory stimuli, *e.g.* being bundled up and dragged out of the house on a Winter morning. When overstimulated, babies tend to shut down and go to sleep, only to awaken later fussy and feeding poorly.

For this, and other reasons, I prefer to visit newborns at home. But because a doc in a hospital in the big city felt the need to cover her ass for some vague reason (my guess is irrational fear of liability), this baby will be dragged out of the house by a pair of sleepy new parents and exposed to cold, stress, and possible infection by stray microbes in my office.

By the way, is there a dumber holiday than Groundhog Day? Probably yes. My vote goes to Valentine's Day.

2 References

Posted on: Fri, Feb 2 2007 2:52 AM | Updated: Fri, Feb 2 2007 2:58 AM | Email This | Clip/Blog This Keep New:

## Flea Down!

By Flea


All things come to an end.

For the first time in almost 7 years, Flea cancelled a session and left work early because of illness.

This time it was gastro. By 2:00 yesterday afternoon it was clear that Flea couldn't sit through an appointment without having to excuse himself to use the bathroom.

Two days earlier, a the mother of a 3 year-old called insisting that if she wasn't seen she would go to the emergency department. Those are "magic words" in Flea's office: No ED - come see Flea. Guess what that precious little morsel had?

Doctors don't get sick, remember? Nonsense. Most often , fleas get sick because parents bring many sick children to be attended to by a physician. Most (not all, *most*) of these kids do not need a doctor.

For these children, it is much more likely that they will transmit their illness to their pediatrician than it is that the pediatrician will be able to make them better sooner.

Posted on: Thu, Feb 1 2007 1:56 AM | Updated: Thu, Feb 1 2007 2:16 AM | Email This | Clip/Blog This Keep New:

## Notes from the Lunatic Fringe

By Flea

Flea has been going to and fro in the earth, and walking up and down in it. He's brought back three articles of faith from the anti-vaccination world.

1. There's no such thing as "Herd Immunity".

For a representative sample, consider this exchange between "AnnD" and "breastfeedingmommy" at justmommies.com. First the question:

> "For those of you who have decided not to vaccinate your children, how would you react if every person in your country (or even the world for that matter) just stopped being vaccinated from here on out? Would you be worried about outbreaks of the diseases?"

And the answer:

> "the nonvaxers i know dont believe in herd immunity and many believe it is far less dangerous to get some of the VPDs than it is to get the vaccines for their own personal reasons like family history of neurological problems and things like that. Many dont believe they are very effective anyway. But I dont speak for all just the ones I know that do not vax at all."

2. On his deathbed, Louis Pasteur repudiated the germ theory of disease, saying "the germ is nothing, the Terrain is everything".

Check out this excerpt from the online magazine Organica:

> "With 150 years of hindsight, we are beginning to understand the serious limitations of the germ theory, including the dangers of immunizations, vaccinations and pasteurization."

In other words, with the right combination of clean living and diet rich in macrobiotics, humans can avoid illness from any microbe, come what may.

3. FDR didn't have polio.

Wikipedia has a nice summary of the paper from the Journal of Medical Biography article that got so much press in 2003. Who cares if the diagnosis of polio was wrong? The anti-vaccine crowd, that's who! If our most famous polio victim didn't really have polio at all, it kind of takes the wind out of the sails of some of March of Dimes and Polio Plus, doesn't it?

The authors of the article, it needs to be emphasized, do not know what President Franklin had. They conclude only that the preponderance of evidence favors Gullain-Barre Syndrome.

Hey, what's happenin' in the Clean Worl?

## Because We Care... About Market Share

By Flea


From this month's Pediatric News.

"AAP Takes Stand Against Retail Care

Retail-based clinics are gaining popularity in today's fast-paced world, and pediatricians should take notice.

These commercial enterprises usually are staffed by nurse practitioners, with or without physician oversight, and are located in pharmacies, department stores, and grocery stores. They provide medical care for common illnesses, infectious diseases, and skin conditions and offer diagnostic testing and vaccines.

Although data on their numbers are scarce, a 2006 report by the California HealthCare Foundation estimates that about 150 retail-based clinics are currently in operation in the United States.

The American Academy of Pediatrics (AAP) 'opposes retail-based clinics as an appropriate source of medical care for infants, children, and adolescents and strongly discourages their use,' according to an AAP policy statement published in the December issue of Pediatrics (2006;118:2561–2) The AAP's primary concern is that use of retail-based clinics could compromise the medical home, according to the policy statement.

Dr. James M. Poole, owner of Growing Child Pediatrics in Raleigh, N.C., said that he believes retail clinics, hospital emergency rooms, and urgent care centers already pose a threat to traditional pediatric practice.

'I'm really concerned over the takeover of pediatrics,' Dr. Poole explained in an interview. 'We're *losing major market share*, and it's happening very quickly. … We need to get our patients back.'...

...Dr. [Mark] Reuben suggested that pediatricians develop a clear policy for patients who visit retail-based clinics. *Pediatricians should not answer questions until the patient is seen at the office, and they should not serve as a consultant while their patient is at a retail-based clinic.* (emphasis added)"

Boo friggin' Hoo.

Fleas have no one to blame but themselves for the retail-clinic phenomenon. We triage patients to the ED after hours. We refuse to make ourselves available by phone and email after hours. We educate our patients to the effect that minor illnesses require intervention by a "health care provider".

All these things created an overwhelming demand for medical services that the children of this country **do not**

**need**. And **now** the AAP has the *chutzpah* to bitch about the advent of retail-based clinics!

Especially pernicious is Dr. Reuben's suggestion that fleas refuse to speak to the nurse-practitioner seeing his patient off-site. That is perfectly rotten idea. Never, *under any circumstances* should a doctor worthy of the name refuse to take a call from a colleague treating his patient.

Is the AAP "Dedicated to the health of all children" as they claim on their logo, or are they dedicated to maintaining our market share?

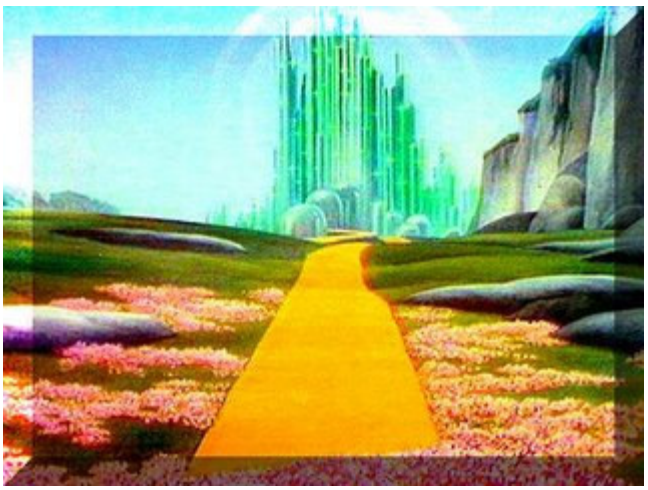
You get one guess.

1 Reference

Posted on: Mon, Jan 29 2007 3:25 AM | Updated: Mon, Jan 29 2007 12:50 PM | Email This | Clip/Blog This Keep New:

## Pay No Attention to That Man Behind the Curtain

By Flea



Pediatric Grand Rounds 1:21 is up over at Unintelligent Design.

The pseudonymous Clark Bartram is the founder of Pediatric Grand Rounds. He is a hospitalist in a big friggin' medical center somewhere in the U.S.A. In other words, Clark inhabits the *sick* world. Skepticism is Clark's area of interest and expertise, as evidenced by his extensive side-bar.

Now, you simply have to read Clark's PGR. After you finish it, decide for yourself whether Clark has or has not been hitting the wacky weed.

Flea's pick of the week goes to this post by Dad of Cameron over at Autism Street, on the subject of "Poor Mercury Excretors".

Do'C and others have done yeoman's work exploring and exposing the junk science poop that has been flung about in the autism world of late. Keep up the good work!

The look and feel of Autism Street is awesome. It's a pleasure to read.

Posted on: Sun, Jan 28 2007 1:18 PM | Updated: Sun, Jan 28 2007 1:47 PM | Email This | Clip/Blog This Keep New:

## Best, Flea

By Flea


Flea turns one today.

To observe the occasion, we present the posts that best represent the writing that has appeared here since January 27, 2006. They are also listed in the side-bar under the heading "Best Flea".

"Wanna Bet?" deals with the risks a flea absorbs while trying to practice good medicine in the presence of the 800-lb gorilla named "Malpractice".

"When the Kids Leave Home and the Dog Dies" is Flea's first, and so far only post dealing directly with abortion.

"Who's Your Daddy?" deals with what genetic counselors call "misattribution of paternity". The deeper issue explored is a physician's fascination with the soft underbelly of society that is revealed to us daily, whether we like it or not.

"Media Events" describes two public service educational opportunities that will never occur because Flea would get in too much trouble if he even *tried* doing them!

"Three Wishes" represents a theme that consumed this blog for a fair portion of the year: overuse of emergency services by non-emergently-ill patients.

"Dear Prudence" explores EMTALA, the Emergency Treatment and Labor Act of 1985, it's evil spawn, the "prudent layperson standard", and the pernicious effect this pair has had on medicine generally, and pediatrics in particular.

"So You Wanna Be a Doctor?" is an exchange of emails with a reader who is trying to get into Med School.

"Mamash Reggae" is so far our only music review.

In "True Confessions", Flea rages against the saccharine-sweet, milquetoast-y crap that most pediatricians write for the "benefit" of parents.

Among Flea's obsessions, baseball looms large. "Why They Play Baseball" is our favorite baseball column this year.

"*L'affaire Tomate*" consumed way too much of our time this past Summer. "Reality Test" is Flea's post-mortem on the whole mess.

Flea tries not to attack fellow bloggers at this site, but on one occasion, the temptation to jump all over Vince Ianelli at Pediatrics.about.com became too great. "Angry Blues" was the result.

"Beyond the Precautionary Principle" explores some possible explanations for our unfortunate habit of refusing to accept the good news that the world is an increasingly safe and healthy place.

Thanks for visiting. Have (another) safe and healthy year!

Posted on: Sat, Jan 27 2007 6:41 PM | Updated: Sat, Jan 27 2007 9:45 AM | Email This Keep New:

Clip/Blog This

## Flea's Addiction

By Flea

Hi. My name is Flea. I'm a crossword puzzle addict.

[*audience responds: "Hi Flea"*]

My grandmother turned me on to crossword puzzles. She was probably an addict too. Only back then they never talked about it that way. It was just "Nana's little problem" and we left it at that. Nana showed me how to do them. I was 8 years old.

By the time I was a Sophomore in High School I solved my first New York Times puzzle. [For those unfamiliar with addict lingo, "solved" means completed, **correctly**]. Instead of listening to my AP Calculus teacher, I was solving. I did lousy on the AP exam. Had to re-take Calculus in college.

As a Freshman in college I completed a "Monday" puzzle in 5 minutes, 10 seconds. ["Monday puzzles" are the easiest of the week, or at least they were back in the 80's]. I was so fast, a roommate of mine used to say I didn't look like I was solving a puzzle, it looked like I was just filling in letters in boxes. To a puzzle addict, hearing something like that is better than sex.

Do I need to mention the "pen vs. pencil" controversy? There is no controversy, in fact. There is only one device suitable for puzzle-solving, and that is the ball-point pen.

I would buy the New York Times just for the puzzle. No headlines, no sports, no Op-Ed. Puzzle. I knew exactly where it would be, inside the last page of section C. Did the puzzle, threw the rest of the paper away.

Later on, my parents gave me a "gift" of a Times subscription. Were they "enabling" me? Who knows? They only wanted me to be happy.

A photographer from the Times came to my med school one day and photographed us in class. I'm pictured in the middle with my forehead in my left palm, right hand out of sight. My family thought I was sleeping. I was doing the puzzle.

Then I hit bottom. The first and only priority of the day was the puzzle. Everything after that was superfluous. One day, I had an epiphany: I had to quit. I *needed* to quit.

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Flea hasn't done a 15x15 crossword puzzle in over 10 years. We allow ourselves to look over Ms. Flea's shoulder while she does the puzzle on line (as a purist, Flea would *never* solve a puzzle this way), but so far we've been able to resist the temptation to get back into it. Miss it? Sure. But those days are over. Flea can't go back.

Doctors and crossword puzzles go together like, what? Doctors and golf. It's part of our genetic make-up. But some of us simply can't handle it like others can. For some, it's just an amusement, no big deal. For those of us with addictive personalities, it's just like anything else you get addicted to.

Still, sometimes Flea has a little argument with himself: We can do just one puzzle, can't we? See if we still "have it"? Yeah, right. Can't think that way. Just put the paper down and back slowly away from the breakfast table...

Posted on: Thu, Jan 25 2007 12:44 AM | Updated: Thu, Jan 25 2007 1:11 AM | Email This | Clip/Blog This Keep New:

## Signout is Dangerous

By Flea

 Grand Rounds 3:18

When Flea was learning to be a flea at TBFCHITW, he learned two lessons regarding the transfer of information and duties between residents, also known as "signout".

Lesson one - Anything can be signed out: Lumbar puncture, discharge summary dictation, telling a parent their child has died. *Anything*. Note that *can* does not equal *should*. Before you leave for the day, it's preferable to do heinous tasks rather than fob them off on your colleagues.

Lesson two - Signout is dangerous. Transfer of information, like translation, is fraught with difficulties. Important, even crucial points of history may be minimized or ignored altogether. Physical exam findings are hard to reproduce in one dimension. Try it some time. There is no substitute for actually *being* with a patient, taking a history yourself and examining the patient yourself. When you leave, you take your history and your physical exam with you. What you leave behind is signout. It's difficult to take good care of patients with signout alone.

Signout strikes Flea as an apt name for a medical blog. At best what you get in the medical blogosphere are word-pictures (and in some cases, real pictures) of this parallel universe we inhabit. You can't really know us until you hang a stethoscope around your neck, don a white coat, knock on a patient's door, and enter. The eponymous Dr. Signout does a terrific job unpacking this world for the general reader. She paints particularly pretty word pictures.

Signout was also brave enough to take on Nick Genes' Grand Rounds assignment. Flea demurred when Nick asked us last year. Grand Rounds has grown too large and unwieldy for Flea to read it through. The idea of banging one out here was more than Flea could handle with a full-time solo practice, two arms, two legs, two Terminators, a long-suffering wife, and 24 hours in the day.

Still, Signout does an admirable job. She has a terrific ear and a facility with writing that will serve her well.

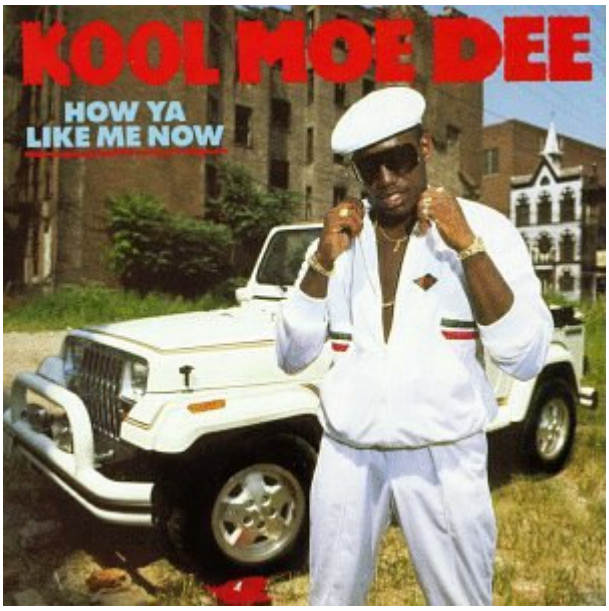
We're telling you all this because Signout asked us over the weekend to make a submission and we gratefully complied.

2 References

Posted on: Tue, Jan 23 2007 8:59 AM | Updated: Wed, Jan 24 2007 3:25 AM | Email This | Clip/Blog This Keep New:

## How Ya Like Flea Now?

By Flea



Having switched to New Blogger when they came out of beta, Flea finally changed to the new and improved template. It's the same thing, only different.

In so doing, many of the links had to be moved manually from the old version of Flea. Our apologizes if any link fell off the blogroll during the move. Let us know.

Posted on: Tue, Jan 23 2007 4:19 AM | Updated: Tue, Jan 23 2007 4:53 AM | Email This | Clip/Blog This Keep New:

## The Tenpenny Opera

By Flea


Submitted for your approval.

The link brings you to a video by Sherri J. Tenpenny, D.O. entitled "Vaccines...the benefits...the risks...the choices". Dr. Tenpenny describes herself as board-certified in Osteopathy and Emergency Medicine. To listen to her own account of her career, it appears that she has done very little either Osteopathy or ED work for several years. Instead, at the time of the lecture in 2004, Dr. Tenpenny claims to have spent over 6000 hours researching vaccines and vaccine-preventable diseases.

It's a fascinating lecture, though a little long at 2 hours, 52 minutes. Dr. Tenpenny discusses many of the risks, many of the choices, but precious few of the benefits associated with vaccines. In fact, by the 2-hour mark it is fairly clear that Dr. Tenpenny would prefer that Americans not vaccinate their children at all.

Presented here are several classic anti-vaccination arguments: Vaccines are not solely responsible for the elimination of infectious diseases (Dr. Tenpenny argues explicitly that Smallpox would have vanished on its own

without the vaccine); Vaccines are not as safe and effective as conventional doctors are willing to discuss; And the potential for harm from vaccines is in many cases greater than the risk from the relevant diseases.

It is this last point on which Flea wishes to focus, because therein lies the crux of the debate over universal vaccination programs. What one will not hear from Dr. Tenpenny is any discussion of relative risk: What's more likely, morbidity and mortality from a vaccine-preventable disease (VPD), or morbidity and mortality from vaccines?

She is pretty good at rehearsing the low numbers of reported deaths from VPD's, but rather bad at quantifying the numbers of individuals harmed by various vaccines.

For example, regarding the Hepatitis B vaccine (Dr. Tenpenny's avowed nemesis), we are told that basically only drug-abusing prostitutes get the disease, but that the vaccine causes autoimmune diseases.

Dr. Tenpenny's best discussion of VPDs centers on Diptheria, Tetanus, and Pertussis. She gives a terrific overview of all three diseases including their pathophysiology and the mechanism of action of the relevant vaccines. At great length she argues that none of these VPDs are particularly harmful, but that the DPT vaccine caused serious complications. That DPT vaccine is no longer widely administered does not disrupt the thread of Tenpenny's argument.

Perhaps the most remarkable segment of the video comprises the few minutes Dr. Tenpenny spends on Hib. She admits that morbidity and mortality related to the disease has largely disappeared since introduction of the vaccine. "The Bad News" about Hib, however, is one report (Autoimmunity. 2002 Jul;35(4):247-53) showing an increased rate of Type I diabetes in Finland. Furthermore, Tenpenny argues that a decrease in invasive Hib disease has led to an increase in invasive pneumococcal disease, making a pneumococcal vaccine "necessary".

And what *about* the hepta-valent pneumococcal vaccine (PCV-7, or Prevnar)? Dr. Tenpenny tells us only that there's a fair amount of aluminum in each vaccine and that the teratogenic and carcinogenic potential of the vaccine has never been established.

Regarding the chicken pox vaccine, Dr. Tenpenny tells us that disease is mild, everybody gets it, and that the efficacy of the vaccine is fairly lousy.

One recurrent theme in the talk deserves mention. Dr. Tenpenny goes on at length about "molecular mimicry". This is the theory that excess disease-specific antibodies with nothing to do will likely attack our own bodies, resulting in immune diseases. Indeed, we know from the pathophysiology of Rheumatic Fever that antibody cross-reactivity can give rise to disease. Dr. Tenpenny argues that since the phenomenon exists, it must exist in the case of vaccine-induced antibodies.

The doctor presents no such evidence because none exists.

One more annoying feature of the video: Dr. Tenpenny appears to speak before an audience. There is a stage festooned with flower-pots, and there's a screen for slides. But the audience, if there is one, is silent - nary a cough or sneeze in three hours. At several junctures Dr. Tenpenny tells jokes that elicit no laughs. Flea suspects there is, in fact, no audience.

Unfortunately, there is indeed an audience in the community and they are paying rapt attention. We owe this audience a discussion of relative risks. Otherwise we might as well give talks to empty rooms ourselves.

## A Bolt From the Blue

By Flea


Thanks to Bryan Vartabedian for turning Flea onto Healthbolt.

Healthbolt is the brainchild of Wade Meredith, a self-described troupe comedian from the Kansas City suburbs. Naturally, readers of Flea are going to ask: can a professional funny-man do a health blog? Wade answers:

"We're talking about good health, bad health, nutrition, technology, gadgets and gear. We keep a triathlete, a DDS, a PhD, an MD, a fat jogger and a Smart-ass on staff. We want to play longer and harder and have more fun doing it."

Any blog with a smart-ass on staff is worth a look.

Flea suggests these two posts:

First, Wade tries to put a real, manageable perspective on the number of lives saved by the African Measles Initiative. It's an article that the ladies over at Mothering.com really ought to read. Of course, they'd probably argue that hygeine and sanitation, not vaccines, saved the lives of all those African kids.

For example, see this discussion comment from "Angela"

> "I don't see (vaccines) as a luxury. I (sadly) see the sanitation, running water, sewers, and electricity as the luxuries. They are what give us a different profile than other places in the world. Not vaccines.
>
> My children have the luxury of access to healthy food, clean water, and sanitation systems to remove the waste without contaminating the water supply.
>
> I do think that vaccines have some level of effectiveness, BUT I think they come at a price. Look at the rise in chronic disease.
>
> -Angela"

Next, check out this stunner about "generic drugs" at Wal-Mart. Wade suggests that the discount chain is selling patented drugs under "private label" arrangements. In other words, Wade suggests that Wal-Mart sells drugs that are not generic equivalents, but the *exact same products* bearing the Wal-Mart label. It's highly-speculative, completely un-sourced, and exactly the kind of thing that the blogosphere was made for. Now it's up to the rest of us to do some digging and see if it's true. Anybody have a mass-spectrometer Flea can borrow?

Posted on: Sun, Jan 21 2007 2:34 AM | Updated: Sun, Jan 21 2007 3:14 AM | Email This | Clip/Blog This Keep New:

## Holy Crap! Flea Won!

By Flea


Due to unforseen circumstances including some heavy drinking and drugging over at Medgadget.com, Flea has been chosen Best New Medical Blog.

The last time Flea looked, we were in the process of having our narrow fanny spanked by a med student in Hungary who started his blog, ScienceRoll, two months ago. turns out that Mr. Meskó garnered the most votes (by more than 300 the last time we checked). Now it seems the judges pulled a electoral college special and gave the nod to Flea.

A thousand thanks to those who voted for Flea, and to my good friend Dr. Dork, who nominated this blog. Special thanks to Ms. Flea for tolerating (mostly) this obsession. (Love You!)

Blessed is the Lord our God, Sovereign of the universe, Who gives us life, Who sustains us, and Who brings us to this day.

2 References

Posted on: Fri, Jan 19 2007 7:51 AM | Updated: Fri, Jan 19 2007 8:09 AM | Email This | Clip/Blog This Keep New:

## La Bête Noire of Pediatrics

By Flea

Were it not for ear infections, most of us fleas in primary care would be out of a job. To be more precise, were it not for *fear* of ear infections, most of us fleas in primary care would be out of a job.

Just yesterday Flea paid a house call to an 8-month old who had been pulling at her ears (she was teething). What if instead, the girl had had a non-infected-looking effusion? Some (many?) fleas would have handed the parents a script for Amoxicillin (some fleas would have handed them a script for Azithromycin, but that is a matter for another day!) Why? This is a perfectly happy, peppy kid who pulls at her ears! What would happen, if we left fluid in her middle ear space for while? Would she go deaf? Would she become language delayed? For the last 40 years or so, most of fleadom, in fact most of the world, believed something dire would come to pass if this child were not antibiosed.

And so it was until Jack Paradise and colleagues at Children's Hospital of Pittsburgh began asking if middle ear effusions were really as big a deal as all that. As early as 1981, Paradise began evaluating the literature on middle ear effusions. He found that the data... well... there wasn't much, and the existing data sucked.

Fifteen years ago, Paradise and colleagues began following a group of kids from Pittsburgh from birth to age 12. Many of these kids got ear infections and had fluid behind their ears. Paradise et al. wanted to know if the ear fluid prevented these kids from acquiring speech and learning correctly.

That study is now ended. Here's the verdict: There appears to be no association between early ear infections and later impairments of speech, language, and cognitive development.

So is that it? Do we pack up our otoscopes and go into real estate?

Not so fast. Science and culture tend to run on different schedules. Even in the presence of the definitive study on the subject, Flea figures his colleagues will continue poking holes in tympanic membranes for a long time to come. What's more (and here's where Flea's colleagues threaten to beat him with blunt objects), ear infections pay the bills. Consciously or uncosciously, fleas will continue to take good care of our hot little bête noire. After all, she's been good to us.

1 Reference

Posted on: Fri, Jan 19 2007 3:23 AM | Updated: Fri, Jan 19 2007 7:46 AM | Email This | Clip/Blog This Keep New:

## Sandy Follows the Money

By Flea

Flea's daddy taught him a long time ago: if folks are doing stuff that doesn't make sense to you, follow the money and it'll all make sense.

Flea has negotiated managed care contracts with several HMOs that require him to manage obesity as a disease. We are required to track body-mass index (BMI) for every child starting at age 2. For children with BMI's above a certain level, we are required to make some kind of intervention. If we don't, the payors withhold money from us.

The payors themselves take cues from the U.S. Department of Health and Human Services.

The problem with managing obesity as a disease is three-fold. First, we lack reliable methods to screen children for obesity risk-factors later in life. Second, even if we did have reliable screening tools, we lack evidence-based medicine to guide us in managing obesity. Finally, there are significant potential harms that can be done to patients by telling them they're too fat.

So why are the HHS and the HMOs asking us to do something that makes no sense?

Follow the money.

That's what Sandy Szwarc did at Junkfood Science. Sandy asked how come such a great effort is being exerted on behalf of the obesity problem when we have no idea how to proceed? She discovered that the energy driving most obesity initiatives is the same thing that greases the wheels of the capitalist machine.

> [M]ore than $800 million was funding these initiatives, most of which focused on increasing physical activity and improving diets, directed at 4.6 million children each year. Eight out of ten programs specifically targeted kids over 6 years of age and 20% were aimed at infants, toddlers and pre-schoolers. Fat children were targeted in 2/3 of the programs and the largest segment of participants were low-income. *While the programs appear altruistic, two-thirds admitted their programs were created to support their marketing and corporate branding, and 100% were developing products and services using the child obesity issue*. The largest motivating factor (admitted by 20% of the organizations) for initiating their programs was 'increasing public perception of a health care crisis.' (emphasis added)"

Flea will acknowledge that obesity is a (you'll pardon the expression) a big problem. But no problem was ever solved through an initiative that enjoins us to do anything for the sake of doing *something*.

For the record, Flea's got no problem with making money. He'd like to make lots and lots of it. We draw the line at being told how to practice medicine without evidence-basis, for the sole purpose that someone *else* can make a buck.

Posted on: Thu, Jan 18 2007 4:47 AM | Updated: Thu, Jan 18 2007 5:40 AM | Email This | Clip/Blog This Keep New:

## Oh Great, Just What Flea Needed to Hear!

By Flea


A doc describes the effect of a malpractice case on the doctor himself. It isn't clear from this piece if the doc himself has ever been sued:

> *A trial may or may not require the presence of the physician in the courtroom, but absence from the trial may lead the jury to feel that the physician is uncaring and aloof, and certainly might give the jury an impression that the physician would not wish to convey.*
>
> *Under such pressures, most physicians choose to attend their trials. Their presence in the courtroom removes the doctor from the office, creates havoc with his practice and can devastate him financially. Staff must still be paid, lest they move on to greener pastures. And the patients still have needs. Who will treat them while the trial continues? And when can the doctor see his or her patients?*
>
> *In this case, this may require the physician, already fatigued by the stress of the trial and time in court, to see patients at night and on the weekends — if his loyal staff and patients are agreeable to such an arrangement.*
>
> *If the physician has a spouse and children, the stress of such a change in his or her life can create terrible difficulties, further magnifying the pressures created by the trial.*

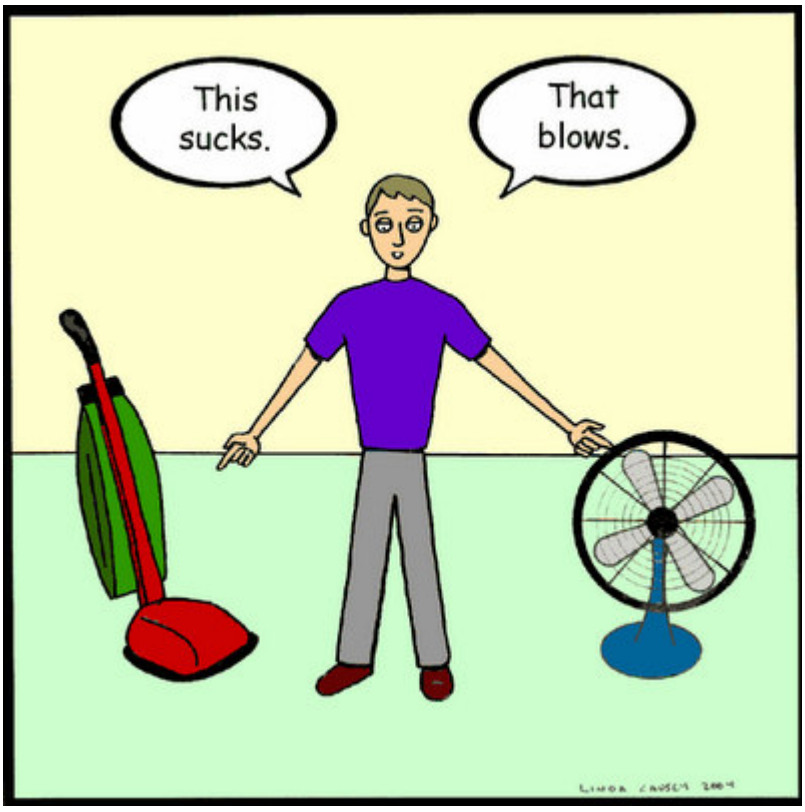
Oh good! Flea was starting to worry! His trial date is coming up.

(via Kevin, MD)

Posted on: Wed, Jan 17 2007 10:03 AM | Updated: Wed, Jan 17 2007 10:12 AM | Email This | Clip/Blog This Keep New:

## Do We Just Suck?

By Flea




Flea's final patient of the day was due for her MMR vaccine. At the end of the visit, her mother told me she didn't want to give it until she had "done more research". This has become an increasingly common expression in Flea's office.

What kind of research are the folks doing?

Shinga and others have noted that Google searches of vaccine-related search terms return many anti-vaccination web sites. Most of the *non*-anti-vaccination sites do a pretty poor job of answering the accusations that are often hurled at the vaccine program.

Some parents read books on the subject. Unfortunately, such books tend to scare them off vaccines. A couple recently refused 12-month vaccines for their child after reading "What Your Doctor May Not Tell You About Children's Vaccinations". Flea has ordered this book from Amazon and plans to review it here shortly.

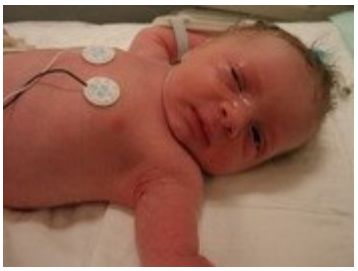
Is it Flea's perfervid imagination, or are the folks in the "anti" camp doing a better job of getting their message out?

Or do we just suck at getting *ours* out?

Posted on: Mon, Jan 15 2007 12:37 PM | Updated: Mon, Jan 15 2007 12:58 PM | Email This | Clip/Blog This Keep New:

## The First Casualty

By Flea


Pediatric Grand Rounds 1:20 is hosted this week by relative-newcomer Bryan Vartabedian of Parenting Solved. Bryan is a Pediatric Gastroenterologist at Texas Children's in Houston.

Flea really likes Bryan's stuff. He's helping unpack the madness and idiocy that characterizes so much of the parenting world. And unlike some of our fellow flea-bloggers, Bryan isn't afraid to unburden himself of a professional opinion and call it like he sees it.

Speaking of madness and idiocy, Flea's pick of the week goes to Sandy (Can I buy a vowel?) Szwarc of Junkfood Science. Sandy is Flea's new hero. She does what all responsible med-bloggers *should* do more often (present company included). Sandy looks at media reporting and public advocacy on health issues. She scrutinizes the original papers on which the media reporting and policy decisions are based. Then Sandy asks the crucial question: Does the evidence presented justify the conclusions reached by the media and public policy advocates? More often than not, when it comes to wars against obesity and environmental toxins, truth is the first casualty.

Check out Sandy's post on the lunacy surrounding elemental mercury in thermometers. You go, girl!

Flea's only bone to pick with Ms. Szwarc is her overuse of scare-quotes around the word "obesity". Flea understands that the war on obesity is being waged on the basis of WMD-that-were-never-found, but no one doubts that *there is such a thing as obesity*! Perhaps the stigma associated with the word ought to go away, but first we need to examine critically the "data" that leads public policy advocates to wage the war in the first place. For this, we owe Sandy Szwarc and Junkfood Science our thanks.

1 Reference

Posted on: Sun, Jan 14 2007 3:22 AM | Updated: Sun, Jan 14 2007 4:00 AM | Email This | Clip/Blog This Keep New:

## Detail Flea!

By Flea


And you thought Flea had too much time on his hands:

The guys at eDrugSearch.com (and Flea can only assume that they are *guys*) have developed a roster of "The All-Pharma Cheerleading Squad — current pro cheerleaders who double (and undoubtedly receive double takes) as pharma reps."

This "project" was erected from a study reported in the New York Times a while back, showing that pharmaceutical houses often recruit detail women from college cheerleading squads.

> "Cheerleaders -- known for "their athleticism, postage-stamp skirts and persuasive enthusiasm" -- have "many qualities the drug industry looks for in its sales force," the Times reports. T. Lynn Williamson, an advisor for cheerleaders at the University of Kentucky, said pharmaceutical companies looking for recruits "don't ask what the major is. Exaggerated motions, exaggerated smiles, exaggerated enthusiasm - they learn those things, and they can get people to do what they want."

Flea gets detailed very infrequently. This is probably because the history of visits from pharma detail people has not resulted in alterations in his "prescribing behavior". That is to say, he's not persuaded by "the pitch". Pharma sales departments are able to track prescribing behavior, so if a doc isn't seduced, the company directs its efforts elsewhere.

All Flea wants to know is, how come GlaxoSmithKlein never sent Tawny (shown above) to his office?

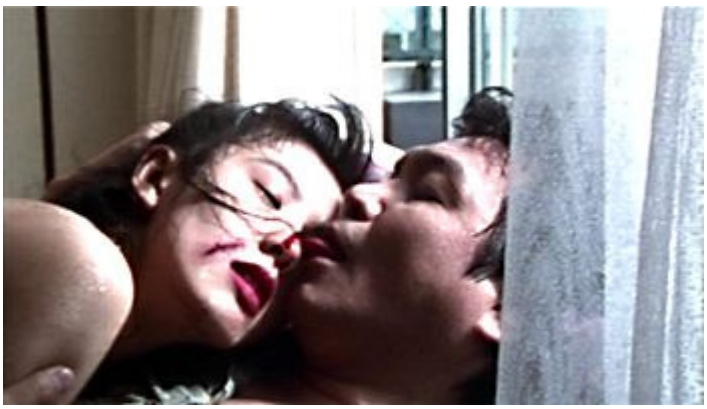
(Thanks to Kevin, MD, for the tip)

4 References

Posted on: Sat, Jan 13 2007 1:42 PM | Updated: Sat, Jan 13 2007 1:57 PM | Email This | Clip/Blog This Keep New:

## Yeah? So?

By Flea



Earth-shattering news from across the globe (courtesy of Reuters):

**China teens casual about one-night stands- poll**

*More than half of China's high school students find nothing wrong with one-night stands and an overwhelming majority of girls would not reject a boyfriend's demands for sex, a poll suggests.*

*Some 6.2 percent of the survey's 2,300 high school students in Xuanwu, a downtown district in the Chinese capital of Beijing, had already had a sexual experience and the average age of students losing their virginity was 15, the China Daily said on Thursday.*

*The results surprised educators, the newspaper said.*

*"The new generation is open-minded about sex," Zhang Meimei, a professor at Capital Normal University who was involved in the survey conducted last year, was quoted as saying.*

*"We can only conclude that it is a result of a fast-changing society."*

*China's traditional culture sanctifies abstinence and the ruling Communist Party is also officially puritanical, but three decades of market reforms have brought forth an ever more rebellious and diverse urban youth culture.*

*Of the 1,300 girls asked if they would agree to sex when asked by a boyfriend, only six gave a definite "no."*

*"The typical answer: 'As long as he loves me, it's OK'," the newspaper said.*

*About 200 respondents of both sexes said they would have a one-night stand if the opportunity arose, it added.*

*Such liberal attitudes to sex have sparked concerns over safe sex, with more than 40 percent of respondents who had had sex saying they did not use contraceptives for their first time, the China Daily said.*

*Underage girls accounted for about a quarter of the 1.5 million abortions in mainland China every year, and teenage pregnancies were on the rise, the newspaper said.*

My Goodness!

Chinese teens have libidos too? Who'da thunk it?

The only factoid in the article that raised Flea's antennae is this business of 1.5 million abortions per year in China. Keep in mind that the source of this article is a state-run newspaper.

It's *nonsense*. The fact-checkers at Reuters booted this one. The Chinese population numbers 1.3 billion. Annually, there are approximately 20 million live births. The "one child" policy is still in effect. Abortion continues to be used to prevent female birth.

The suggestion that there are as few as 1.5 million abortions yearly in China is laughable. 10 million is a better guess. The real number is certainly higher.

Posted on: Fri, Jan 12 2007 7:16 AM | Updated: Fri, Jan 12 2007 7:36 AM | Email This | Clip/Blog This Keep New:

## Another Source of Irritation

By Flea

Oh sure, fleas can be irritating. But did you ever stop to think that we fleas get irritated too?

Flea is mightily irritated this morning.

Today's source of irritation is this abstract from the Pediatric Infectious Disease Journal. We should have known it would be a matter of time before someone tried to treat acute otitis media with quinolone antibiotics. After all, we

fleas have been drowning the children in antibiotics for over 50 years. Small wonder antibiotic resistance should become a serious public health threat [not that you'd know it for all the attention paid to bird flu].

Of course Levofloxicin kills bacteria that cause ear infections! It's a friggin' sledgehammer! What will happen now is that a pleasant-tasting quinolone treat will be formulated shortly. Then we fleas will start dispensing it like Pez candies. Shortly thereafter we will face an epidemic of quinolone-resistant organisms.

Folks, 80% of acute ear infections resolve without antibiotics. Flea is unimpressed that Levo killed 88% of the bugs it got poured on. If it killed fewer than 80%, *that* would be news.

Fleas: Please practice watchful waiting in patients with otitis media (that goes for you ED docs as well!)

Parents: Please don't run to the flea for ear-pulling. Call him or her when your child is really sick.

4 References

Posted on: Thu, Jan 11 2007 3:04 AM | Updated: Thu, Jan 11 2007 3:23 AM | Email This | Clip/Blog This Keep New:

## In Praise of Mary

By Flea

Here's a shout to our flea-colleague Dr. Mary Johnson over at Dr. J's Housecalls.

This is one gutsy lady.

Flea likes to think he's big and brave (for a flea, anyway) by telling the truth about medicine and his colleagues. The point of this blog, after all, is to provide a sounding board to express opinions and point of views that Flea's real-world persona cannot and will not say. Mary Johnson, by contrast, actually signs her name to her blog, come Hell or high water (more of the former than the latter, unfortunately).

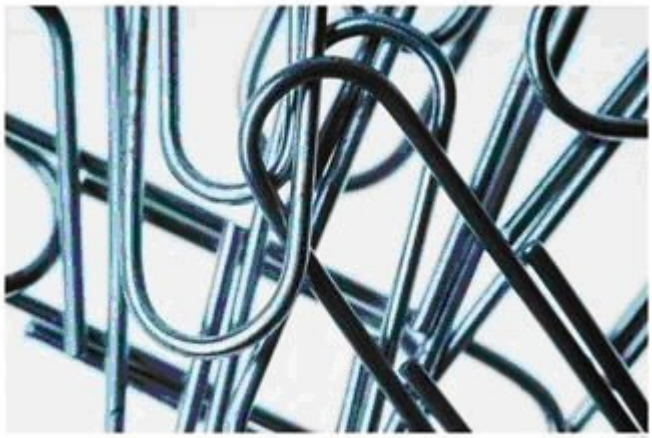
Dr. J's blog is fairly heavy on legal matters that may not resonate with readers outside the state of North Carolina. An exception is her excellent treatment of Attorney General Mike Nifong's disgraceful performance in the case against the Duke Lacrosse Players.

Go check her out!

Posted on: Wed, Jan 10 2007 8:59 AM | Updated: Wed, Jan 10 2007 10:19 AM | Email This | Clip/Blog This Keep New:

## Teach Your Children

By Flea



*Paper Clips* (2004, dirs. Elliot Berlin, and Joe Fab)

How does one teach respect for the "Other" in a place where there are no "Others"?

Whitwell, Tennessee was a populous mining town until an accident shut down the mine and destroyed the economy. By 1998, the population shrank to 1600. The only jobs to be found were in nearby Chattanooga, and the life of the town centered on the local high school football team.

In 1998, three middle school teachers decided to teach the Holocaust to their virtually 100% white, Christian students. None of the students had ever met a Jew (or a German for that matter). None had any concrete concept of what it meant to uproot and deport an ethnic minority.

In the early stages of their internet research, the class discovered that Norweigans during World War II wore paper clips on their lapels in silent protest against the Nazi occupation. This gave the students the idea to collect 6 million paper clips as a tribute to the Jewish victims of the Nazi terror. As news of the project spread, Holocaust survivors and their families began sending the students paper clips attached to written personal histories and photographs of lost loved ones.

By the end of the project three years later, thanks to timely press coverage and the assistance of journalists and documentary filmakers, the students of Whitwell Middle School collected 29 million paper clips. To house the paper clips, the school also acquired an authentic German cattle car that had actually transported Jews to concentration camps.

The film tells the story of the development of the Whitwell paper clip project from its inception until the dedication of the memorial in 2001. As a documentary it's fairly rough and simplistic, but the personalities of the teachers and the students are compelling enough to sustain interest.

The teaching of tolerance for difference, when done well, is an essential part of a child's education. However, two problems always come up. The first is an unintentional conflation of the concepts of tolerance and acceptance. Tolerance demands that you refrain from rounding up and exterminating Jews simply because you don't like them. You may continue to dislike them, you just don't kill them. Acceptance demands embracing Judaism as essentially identical in truth value to your own belief system.

Flea is a practicing Jew. My adherence to my faith, to paraphrase William F. Buckley, Jr., by necessity commits me to the proposition that all the other faiths of the world are in some sense imperfect. Further, I don't ask my neighbors to accept my faith as equally valid to theirs. I only ask that they don't round up my family and cart us off to the death camps. In other words, I don't ask for acceptance, I ask for *tolerance*. The difference matters.

The second problem with the teaching of the Holocaust in our schools is a persistent lack of *context*. The Holocaust was a singular event that occurred at a particular place and time in history. This event was targeted largely at a single segment of the European population, Jews. (Nevertheless the Nazis proved promiscuous in their lust to kill the "Other", including homosexuals, Gypsies, and others.) To remove the Holocaust from its historical context robs students of the opportunity to understand the genesis of one of the great enormities of the 20th century. And it does no justice to the memory of the six million.

Flea hopes that the teaching focus will shift *away* from the paper clips and *onto* the photographs and stories attached to them.

1 Reference

Posted on: Tue, Jan 9 2007 4:06 PM | Updated: Tue, Jan 9 2007 12:39 PM | Email This | Clip/Blog This Keep New:

## Wanting It Too Much To Keep It Real

By Flea


Quite a few disturbances in the blogosphere have knocked Flea off his game in the first year of "The Flea Project": There was a brief flirtation with Grand Rounds, that occupied too much time and diverted energy away from the Pediatric World. There were difficulties with various colleagues that most of the blogging community simply doesn't care about. There was *L'affaire Tomate* last Summer...

Oddly enough, nothing has disrupted the flow of ideas and arguments more than the seduction of having been nominated for blog awards. The moment one sees one's name submitted in nomination, the object of the exercise becomes winning, not staying on message and "keeping it real". Flea liked his own blog much better prior to this spasm of self-conscious examination, interrupting the flow of ideas, and palpably changing the tone of the arguments. At this stage, though Flea's appreciates so much the kindness afforded by those who placed the name of this blog in nomination, he wishes he knew nothing about it.

The task going forward will be to blog as if there were no such thing as blogging awards. The Project and the faithful readers of Flea deserve no less.

1 Reference

Posted on: Sun, Jan 7 2007 3:48 PM | Updated: Sun, Jan 7 2007 4:16 PM | Email This | Clip/Blog This Keep New:

## Vote Flea!

By Flea


My journey here has been an improbable one. From a place where hope withers, through great schools and challenging opportunities, to this solemn occasion, I have been supported and loved and lifted up. And I thank the family, the mentors, the teachers every one of whom is here today in body or in spirit just as I thank the millions of voters who shared this improbable journey with me...

Oops. Sorry. That's Mass. Governor Deval Patrick's inaugural address from earlier this afternoon. I caught a bit of it on the radio. It sounded nice when the Governor said it, so... I just thought maybe I could, you know, use a little bit... of it.... Sorry.

But I easily could echo what Gov. Patrick said about the improbable journey that I sometimes call the Flea Project.

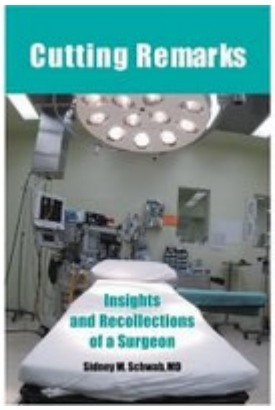
Flea's been nominated for 2006 Best Medical Blog and Best New Medical Blog. If you like what you read here, go to Medgadget and vote.

5 References

Posted on: Thu, Jan 4 2007 10:48 AM | Updated: Thu, Jan 4 2007 11:01 AM | Email This | Clip/Blog This Keep New:

## Sucking (Wounds) in the Seventies

By Flea




Cutting Remarks: Insights and Recollections of a Surgeon, by Sidney M. Schwab, MD, FACS. North Atlantic Books/Frog, Ltd., $15.95, 228 pp. paperback

Passing through residency is like losing your virginity. It may go well or badly, but in either case you're never the same afterwards.

The most dramatic deflowering of a surgical resident I ever witnessed happened to my med-school classmate Brian. I had left school to earn a Ph.D. Brian continued into residency and was serving as a chief resident when I showed up on the wards after a four-year hiatus.

Brian had been a friend. We partied together. We played in a garage cover band. I watched him get married. He fixed me up with a hot photographer friend of his (she would become the love of my life and the mother of my children).

Now Brian was a surgeon, and I was a flea-in-training. Our relationship reduced to my following Brian around the wards, waiting for my turn to report on a patient I was covering. I was required to spit out a ton of information rapid-fire, preferably in one breath. I wanted to impress my friend so badly my brain seized up and I tripped over my words. Without looking up from his notes, Brian extended two fingers and described a rolling motion in the air, slowly but insistently. The gesture said "C'mon Flea, I haven't got all day, get on with it, man!" He might as well have put down his clipboard and punched me in the stomach.

Now comes Sidney M. Schwab, a retired surgeon, to give an account of the power of surgical residency to turn an eager fresh-faced med student in to a gaping, flaming jerk. Of course, surgical residency is designed to produce *surgeons*, not jerks, but based on the results, it is often hard to tell whether it is not the other way around. Not that Schwab is a jerk by any means. It's a miracle that he emerged from residency (plus two years in Vietnam) with an intact sense of humor.

"Cutting Remarks" is a memoir of Schwab's years at the University of California, San Francisco general surgery program, during the 1970's. That program led Schwab through several Bay Area hospitals, some no longer standing. The book is organized into three sections that roughly mirror the stages of surgical training. Along the way he offers vignettes of colleagues and mentors, some of them very funny, some a touch mean-spirited. One wonders if the author had score-settling in mind when he sat down to write.

Sid Schwab writes like a nice guy, but that's not to say he writes particularly well. Some of the passages seem to have been dictated into a tape recorder before being transcribed. I tried reading some of them aloud, and discovered they made more sense spoken rather than read. Schwab is not a writer, and he readily admits as much in his forward:

> *Someone said writing is easy: you just sit down at a typewriter and open a vein. As I've been in the business of preventing bleeding, this may not work out well. You wouldn't want John Updike taking out your gall bladder.*

Schwab is at his best describing details of surgical procedures and the intricacies of surgical pathology. I re-learned a ton of anatomy that I had long-since forgotten. Schwab's vivid stories of operations gone awry are fast-paced and engrossing. Unfortunately, he's not as deft at describing people. Schwab's descriptions of friends and colleagues leave the reader wanting to know more about them.

The subtitle of the book promises insights as well as recollections. Unfortunately the latter outweigh the former. There are tidbits of insight here and there, such as when the mature Dr. Schwab admits that surgeons and internists often misunderstand one another, but that's about as deep as it gets.

I realize "Cutting Remarks" was meant to focus on the UCSF training program, but I wanted to hear more about Schwab's two years in the service in Vietnam. It's simply impossible to believe that he could have returned and picked up where he left off without having been changed in some important sense. Two years and a Purple Heart deserve more than four pages in a book of this length!

Surgeons and surgeons-in-training will love “Cutting Remarks”. Fleas like me will learn a thing or two and will be entertained by some of the stories. But although Dr. Schwab takes pains to define technical terms and explain physiology in a way a lay person could understand, I’m not sure the general public will take to this book.

Give Sid Schwab credit for one thing: he gave this book to a flea to review. That took guts. Hey, he’s a surgeon!



## Mamash Reggae

By Flea

*Youth* - Matisyahu, JDub/Or/Epic (March 2006)

In October, 2004, Ms. Flea caught a notice in a Boston paper advertising an act called "Matisyahu, the Chassidic Reggae Superstar". We went to his web site and listened to some sample clips. It sounded like *real* Reggae.

"Okay, *this* I gotta see!", I said. I was more interested in the type of crowd that would show up than I was in the music itself.

Matisyahu was the opening act. His band starts playing a low grumbling Reggae groove. Then he walks out in a black caftan, full beard, kippah, tzitzis, the works. He picks up the mic, sways for a minute, and sings.

"Hashem, sifatai tiftach, oo'fee yagid t'hilatecha" - Lord, open up my lips and my mouth shall declare Your Praise. These are the opening words of the *Shemonah Esrei* the core 18 prayers that Jews are enjoined to say three times every day.

I get it.

Then the band rips into an old Bob Marley tune. It's *really* good. These guys are *real* musicians, playing real *Reggae*. The front man happens to be a Lubavitcher Chasid. And he's *selling* the material. I can't believe what I'm seeing.

Born Matthew Miller, the 26 year-old Matisyahu's work is classic guitar-based "Dub" Reggae, in a *melange* with Rap, and Chassidic *niggun* (tunes without words). To call Matisyahu's music *sui generis* doesn't go far enough. This stuff is *genius*.

Reggae is a natural choice for a musically-talented intensely-religious Jewish kid from New York. For the last 30 years, Reggae has been the most unapologetically religious musical form that simultaneously attracts a non-religious audience. In fact, Matisyahu's music is wildly popular on alternative and college rock and reggae programs.

Sure enough, the crowd that came to see Matisyahu turned out to be a surreal mix of college kids and orthodox young people. The kids loved the show. The *frum* people were more restrained.

Matisyahu's success clearly caught the eye of the major players in the industry. Last year Epic signed him, and *Youth*, Matisyahu's third album, is the result.

With a top-shelf label and top-drawer producers, the Matisyahu has produced a polished product that sounds great. You can't help but *shep nachas* for the boy. He's **arrived**.

But *Youth* is disappointing. It is a thoroughly standard, prosaic Reggae record that any Reggae band could have turned out this year. For all the flash and sparkle that good production brings to the product, it lacks the *ruach* (spirit) of the first album *Arise...Shake Off the Dust* (2004), and the energy of Matisyahu's live performances captured well by the second collection *Live at Stubbs* (2005). *Youth* isn't, for want of a better word, *Jewish* enough.

That's not to say there isn't anything worth mention on this album. "Time of Your Song" and "WP" are both autobiographical, the latter being an *homage* to the artist's home town, White Plains, New York. Lyrically and musically these are the strongest tracks. "Unique is My Dove" sounds like a love song, and it is, except the title is drawn from the Bible's Song of Songs, and the imagery, though erotic enough for the contemporary audience, is actually a metaphor for the love affair between God and His people.

The title track (here's where I keep it Pediatric), is a rock anthem, in which the author exhorts his listeners to assert themselves in life: "Pound your fist on the table and make your demand", but adding the warning "You better make the right move". The right move, in this case, would be to choose the path of righteousness.

Matisyahu's strength has always been his ability to tap into his young audience's primal yearning for "higher ground". This generation of kids, up to their eyeballs in portable electronic devices and sexual stimulation around every corner, positively screams for authenticity, for something *mamash* (real). And they find it in Matisyahu.

My hope for him is that, if *Youth* succeeds , that Epic will allow Matisyahu to return the studio and create a collection with the creativity of *Arise* and the power of *Live at Stubbs*, but with the production values of *Youth*.

One Love, y'all.