LETTERS

THE BATTLE FOR IMPROVEMENT REVISITED

When I received my November *JEMS*, I turned to the Publisher's Page to check out your monthly offering. . . In my opinion, this is possibly one of the most important pieces you've written in a long time. This effort has the potential to have tremendous impact as you evaluate and possibly reshape *JEMS* editorial policies. . . I can understand the courtesy you extended, but I still wondered why you would send a draft version of the column to the boss of the agency you were writing about. Over the years, I have had the opportunity to be interviewed a number of times. On many occasions, I have asked to proof the article before it went to print in the interest of presenting factual information. With only one exception, I have been told no; that...my review of their material would be inappropriate and possibly compromise their writers' rights as well as alter the intent and perspective.

As long as I have known you, I can't say I would ever accuse you of having a hair trigger or of printing ill-researched material; it's just not your style. So when I read that the usually calm, rational and in-control agency boss reacted with rage and threats of physical violence, I knew you must have hit the nail on the head. If your material was inaccurate, he would have just let you go ahead and print it and then held your errant research up for folly later. As such, I can only assume you were right, possibly "too right" for the boss' taste.

Will a problem-ridden agency be more likely to recognize and cure their problems if they don't have magazines and newspapers picking on them? I doubt it. . . A problem that is identified and remedied doesn't usually get a lot of ink. It's the ones that are identified and then intentionally hidden, ignored or suppressed that become the focus of a media thumping—and a well-deserved thumping at that!

Michael Smith
Paramedic Program Director
Tacoma Community College
Tacoma, Washington

It seems to me you set the *JEMS* mission statement to paper nine years ago in the first of your monthly columns, "The Battle for Improvement." Only through strict adherence to their mission statements was Johnson & Johnson able to survive the Tylenol ordeal. So, too, should *JEMS* adhere to its mission statement—it appears reasonable and responsible.

While no one really likes criticism, it is often the impetus for needed change. You probably can't publish your column about the "big public agency" and its boss...but you can continue to provide the high-quality journals you're noted for. Let the omission of the original November column be a mistake not to be repeated.

Don Ptacnik, EMS Consultant
Bend, Oregon

I find it hard to believe that you would deep six a proposed column because "it would upset someone." Let your readers decide the issue of editorial boundary lines. Run the column, and on the next page (Guest Comment) allow the public agency involved to respond.

Captain C. Edward Bickham, NREMT-P
Department of Fire & Rescue Services
Montgomery County, Maryland

Print the column! If it is truthful, presents the facts accurately and could lead to improvement of emergency medical services, then we have the right to know what the facts are. If the official can't stand the "heat," then let him "get out of the kitchen." You have always been fair, compassionate and truthful in your writing. And when you do make a mistake, you have told us that also. Let's see what you have to say.

Howard Rubinfeld, President
Oxygen Therapy Institute, Inc.
Memphis, Tennessee

JEMS has always demonstrated a willingness and courage to identify problems within our industry, and to suggest tangible solutions to those problems, even when doing so would almost certainly generate controversy and, in some cases, ill feelings. As a result, many public and private agencies have made significant improvements in their operations, resulting in better care for patients and more professional respect for EMTs, paramedics and the agencies we serve.

JEMS has always been a powerful advocate of positive growth and maturity within our so-called "young" profession. Growth is almost always accompanied by pain. No one likes to face their mistakes or problems, especially in print. Being forced to do so results in discomfort and sometimes pain.

I haven't always liked everything writers in *JEMS* have had to say, but those of us who read the articles, thought about them and tried the new ideas presented, are still surviving in a tough industry. Many of those who have chosen to ignore the problems in our industry are now doing other things for a living. I feel Jim Page and *JEMS* may be shying away from controversy. You may need to "reassess (your) editorial boundary lines," but I would hate to see *JEMS* ignore problems we come across in EMS. To do so would short-change readers who subscribe to *JEMS* as part of our personal "battle for improvement."

Thomas H. Swan, NREMT-P
Crested Butte, Colorado

It was coincidence that just before reading "The Battle for Improvement Revisited," I had recently finished reading the second volume of William Manchester's biography of Winston Churchill. . . When I read your article, it caused me to refer to Manchester's book for a definition that was cited:

> ***Appease:*** *vt. to pacify, conciliate: esp: to buy off (an aggressor) by concessions usu. at the sacrifice of principles.*

I think the definition has a certain relevance to the situation cited in your editorial. Name-calling and threats of physical violence have consistently been the tools used by tyrants and dictators to suppress much more than "the reasonable boundaries of a free press."

I think there is one particular issue that deserves your consideration. Those of us who have labored in the trenches, trying to make our local EMS systems better, have always had "big names" in EMS to look to for inspiration. Stewart, West, Cobb, Clawson and Page, to name but a few, are names that have inspired countless numbers of EMS professionals not to shrink

Letters cont'd

from the controversy that goes hand in hand with trying to make EMS systems better.

I hope the reassessment of your "editorial boundaries" leads you to a decision that is consistent with the philosophy that you have imparted to so many of your colleagues over the years. In considering that decision, heed the words of another writer of some repute: "To thine own self, be true."

Fred Hurtado, President
United Paramedics of Los Angeles
Los Angeles, California

Jim Page Replies: *I appreciate the many articulate letters we received in response to my essay. It has given me, and our staff, a chance to reflect on our journalistic duties, while reaffirming the original values that led to the creation of* ***JEMS.***

THANKS— YOUR CARE SHOWED

I would like to commend you for your December 1988 article "SIDS, Handle with Care." I wish that each SIDS parent could be handled as described in your article. The EMTs who responded to our son's death were wonderful, and I will be forever grateful to them.

Valerie Ciciulla
Omaha, Nebraska

ARKANSAS EMS INSTRUCTOR CERTIFICATION

In your November 1988 issue of *JEMS* in the section on "News You Can Use," you made the statement, "New York may be the first state to provide courses and certification for EMS instructors." I was somewhat taken by that statement because, in Arkansas, we have been providing certification for our instructors since 1982. Not only do we recertify them, we require them to be recertified every two years.

The state of Arkansas has, at this time, 109 certified EMT instructors . . . who have completed an 80-hour curriculum course taught by the University of Arkansas Medical School and the Arkansas Fire Training Academy. We are very proud of our instructors and their contribution to the prehospital care they have promoted.

K.C. Jones, NREMT-P
Instructor/Coordinator
Arkansas Dept. of Education
Jonesboro, Arkansas

PUBLIC VS. PRIVATE

I enjoyed Nancy Peterson's article on private EMS in the October and November issues. I was particularly struck by Jack Stout's suggestion that the AAA form a non-profit training institute to recruit and train minority groups and the unemployed using federal monies.

At DeKalb County EMS, we started planning such a program about a year ago. Our first class of "recruits" was initiated in October of this year. I believe the same type of program could be utilized by any provider, public or private, if they are large enough to have a training department capable of giving the classes. The federal monies are already available through the Job Training Partnership Act. I suggest anyone interested in instituting a similar program contact your state's Labor Department to determine where to start. I realize our program is only a drop in the bucket when it comes to fixing a national EMT shortage, but it is also a step forward from "just sitting on our hands hoping somebody fixes it."

Fred G. Young
Commander, Support Services Division
DeKalb County EMS
Decatur, Georgia

Editor's Note: *According to Mr. Young, a representative from DeKalb County EMS will be submitting an article to* JEMS *to provide more detailed information about its program. Look for the results of DeKalb County's first graduating class of "recruits" in* JEMS *sometime in early summer of '89.*

As a former private agency paramedic, I read E. Scott Hammond's letter with a great deal of interest. I particularly enjoyed his contention that I am now a superior paramedic—and certainly a superior human being—simply because I now work with a public EMS agency.

I only wish he would have told me that earlier. I thought such growth was possible only through study, hard work and joining the Elk's Club or the Hare Krishnas.

Although I treat my patients with the same concern, the same treatments and the same two hands as before, apparently my change of employers brought with it an Oral Roberts touch. The motivation Mr. Hammond speaks of comes from the individual care giver, not the organization or some public mandate. As for his denial of the capitalistic theory of profit motivation, I'm sure taxpayers in his area will welcome the return of his payroll checks.

Bill Vertrees, EMT-P
Dillon, Colorado

In response to Jack Stout's October '88 Interface, I feel your list of questions was incomplete. Question #11 [should be]: Do you believe America's worst private providers are better than America's best government agencies? Question #12 [would then follow]: If your answer to Question #11 is "No," wouldn't the public be better served if the worst private providers were replaced with the best government agencies? Question #13 [could read]: Do you feel that the best government agency is better than the best private provider?

In theory, by alleviating the need for duplication of services, taking what would be owner/corporate profits and distributing them between equipment, maintenance and salaries; plus the intrinsic positive self-image of being a public servant as compared to commercial enterprise, a government agency should produce the better bottom line, patient care and public service. I hope your company has a method for measuring the effects that unquantifiable factors (such as job satisfaction and commercial philosophies that give profit a higher priority than service) have on patient care.

The cost effectiveness of prehospital care can't be measured only in terms of budget distribution. Reducing health-care costs and lost income compensation by minimizing the loss of personal and professional productivity combine to save tax dollars, which has a greater effect on a public service.

I do agree that the public should be provided with the best service posssible. If tax dollars buy anything before they have assured personal safety and security, they are being misspent.

Terry Canfield
Spokane Fire Department
Spokane, Washington

Jack Stout Replies: *I accept Canfield's suggestion that Questions 11 and 12 should be added to my list. It is true that many communities would be better served by government-run EMS than by their current private providers. But why limit the choice to local organizations? Perhaps even better service could be obtained by contracting with a neighboring government service, or by contracting with a nationally recognized private provider. Canfield's Question 13 is more complicated: Is America's best government EMS agency better than America's best private EMS provider? The best private providers for whom I have the facts receive local tax subsidies ranging from zero to a high of about $5 per capita (service area population) per year. In contrast, the range of subsidy for many government EMS agencies is several times higher. Subsidies in the $10 to $20 range (per capita per year) are not uncommon among government EMS providers. The question is: Given the same financial resources, could America's best private provider outperform America's best government provider?*

Until some community finds itself in the position of choosing between America's finest private provider and best government-operated service, Question 13 must remain academic. The differences ***within*** *the two groups are far greater than the average difference* ***between*** *the two groups. For that reason, knowing that a provider is government-run or privately operated just doesn't tell us very much*

Letters cont'd

about the quality of service we are likely to find. Don't make the mistake of assuming that profit is the primary objective of every private firm. Many private company owners and managers place a higher value on quality and integrity than on profit, and regularly sacrifice the latter for the former. I've seen it done many, many times. Similarly, don't make the mistake of assuming that service is the primary objective of every government agency. The goal of many government agencies is nothing more noble than bureaucratic empire-building, or die-hard resistance to any form of progress which might disrupt the comfortable status quo.

My own allegiance is to quality patient care, reasonable wages and working conditions and economic efficiency . . . in exactly that order. Any organization, public or private, achieving all three of these objectives has my support and admiration. But, where even one is omitted, I may find a client.

USE OF THE HEIMLICH MANEUVER IN DROWNING CASES

An article under Current Research by Bruce Goldfarb that appeared in *JEMS*, October 1987, has been brought to my attention. It concerns the use of the Heimlich Maneuver in drowning. Mr. Goldfarb refers to an article by Orlowski in *JAMA* which is deceptive in its content. Omitted from the *JAMA* article is the fact that the child referred to drowned in the Cleveland Clinic's own swimming pool and a lawsuit ensued.

I know . . . you'll want to correct the unwarranted negative impression left by the Goldfarb article, which might deter EMTs from using the Heimlich Maneuver to save the life of a drowning victim.

Henry J. Heimlich, MD, ScD
The Heimlich Institute Foundation, Inc.
Xavier University
Cincinnati, Ohio

Bruce Goldfarb Replies: *The July 14, 1987 issue of the Journal of the American Medical Association contained a case report of a near-drowning incident written by Dr. James Orlowski, director of the Cleveland Clinic Pediatric Intensive Care Unit. In his article, Dr. Orlowski claimed that the Heimlich Maneuver complicated the resuscitation by causing vomiting, resulting in gastric aspiration pneumonitis. Dr. Orlowski suggested that the aspiration caused hypoxia and severe brain damage. The 10-year-old victim remained in a persistent vegetative state and died seven years later. Dr. Orlowski wrote that "[i]t appears that the Heimlich Maneuver should not be the first step in rescuing a submersion accident victim," a point on which Dr. Heimlich and many others disagree. This space does not permit a full exploration of the use of the Heimlich Maneuver in near-drowning incidents. We have invited Dr. Heimlich to write an article on the subject for a future issue of* ***JEMS.***

According to information provided by Dr. Heimlich and others, there is more to the ***JAMA*** *report than first meets the eye. Dr. Orlowski did not say in his article that the incident took place in his hospital and that litigation resulted. There is evidence that factors other than vomiting may have contributed to, or caused, the poor outcome. The pH of the lung contents, for example, is inconsistent with gastric fluid. More to the point, the resuscitation itself may have been botched. The patient appears to have suffered a traumatic intubation. Dr. Orlowski reported that the patient had bilateral pneumothorax and pneumomediastinum, which could indicate an ET tube perforation or excessive ventilatory pressure. In addition, an unidentified nurse who worked at Cleveland Clinic alleged that "there was blood from the pool to the intensive care unit from trauma caused by the intubation." Readers may debate the integrity of Dr. Orlowski's case report.*

The role of Current Research in the controversy deserves clarification. The column reviews recent articles from peer-reviewed journals that may be of interest to the EMT or paramedic. I don't perform the research, just report the results. ***JEMS*** *doesn't have a biostatistician on staff; I rely on the expertise of the authors and journals for Current Research briefs, and therefore stick to articles that have undergone the peer-review process. Since* ***JEMS*** *is not the originator of the report, it would be inappropriate for us to issue a correction or clarification. That ball belongs squarely in* ***JAMA****'s court.*

Keep in Touch

JEMS *welcomes your thoughts, comments or brickbats. Please address all correspondence to Letters,* JEMS, *P.O. Box 1026, Solana Beach, CA 92075. Include your name, address and daytime telephone number. Because of space limitations, letters should be brief.* JEMS *reserves the right to edit for length and clarity.*