SECOND OPINIONS

Survey interpretation

I am writing in response to an article on alternative ADHD therapies and the ACQIP survey that appeared in the July AAP News. As a participant in ACQIP and a behavioral pediatrician, I was disturbed by the misrepresentation of the survey in reference to questions about alternative treatments. The questions in the survey asked, “Which of the following alternative treatment plans have been recommended to your patients for the treatment of ADHD?” The survey did not ask which alternative treatments do you as the physician recommend? The article implies that large numbers of physicians are recommending alternative and often unproven treatments for ADHD.

I am concerned about the impact that this will have if picked up by the media or by proponents of these interventions who may unscrupulously bolster their claims for these products by pointing to this article to suggest that they are supported by the medical community.

I hope the acknowledgment of the inaccurate nature of this report is published rapidly and visibly.

Kenneth Tellerman, M.D., FAAP
Baltimore, Md.

Another voice

So one Lauren B. Kacir, M.D., questions her representation in the Academy because the AAP President’s views do not mirror her own. Oh my.

Dr. Zanga has the same First Amendment privileges as Dr. Kacir the last time I checked, and it is the ineffective leader who would voice no opinion, no matter how strongly held, for fear of angering those of the opposite opinion. Using the bully pulp- pit afforded to leaders is a legitimate exercise as it stimulates spirited debate among the membership. Unfortunately, Dr. Kacir’s idea of debate consists of calling her opponent names (“reactionary”) and heaping on the oh so politically correct epithets of “classic” and “racist.”

I, too, am a proud AAP Fellow, though I am not always proud of the stances taken by our leaders and occasionally even differ with “consensus statements” and position papers published by the Academy. A group as large and diverse as ours cannot and should not walk in lock-step on every issue. By predicting mass exodus of members and insisting on her own interpretation of our mission statement, Dr. Kacir lays bare her own prejudices and intolerance.

Regarding the issue at odds, it may come as a shock to Dr. Kacir that others have been “thinking about these issues for many years” and may still respectfully disagree. Moral preening over what a compassionate “service” is provided by a physician who ends his or her patient’s life is academic sophistry. How does one evaluate when “a suffering patient has exhausted all other options for relief?” Doctors may well be “meant to be experts in pain control,” but the fact of the matter is that most physicians are grossly undertrained and inexperienced in this area, and allowing frustrated physicians to forever silence their patients with “Intractable” pain at the agonized patient’s request is macabre. In the words of C. Everett Koop, M.D., (no doubt, a “reactionary” by Dr. Kacir’s standards), “Society will rue the day it permits doctors to be killers as well as healers.”

Citing the Netherlands model is in the quiver of every pro-euthanasia activist. Like Dr. Kacir, they typically tout the “strict criteria” and all the safeguards to “prevent abuse of the system,” but there remains that little problem of reality. As even the most ardent supporters of gun control must honestly admit, legislating a wish does not make it come true. Despite the “safeguards,” the Netherlands system is rife with abuses, up to and including involuntary euthanasia. If Dr. Kacir truly wants an “unemo- tional examination of cases of (so-called) assisted suicide,” I strongly recommend the National Council on Disability position paper, “Assisted Suicide: A Disability Perspective,” written for the Council by Professor Robert L. Burgdorf, Jr., University of the District of Columbia Law School.

There is plenty of room in the Academy for divergent op-inions. Both Dr. Zanga and Dr. Kacir should feel free to express theirs. Where members have differences, we rationally debate and either reach consensus or agree to disagree based on the facts. I am sure Dr. Zanga does not speak for Rush Limbaugh any more than Dr. Kacir for Dr. Kervorkian. If this is what Dr. Kacir is attempting to pass off as “unemotional examination” perhaps she should make good on her threat to take her ball and go home.

Thomas A. Andrew, M.D., FAAP
Concord, N.H.

Pediatrics and guns

The August AAP News contained four separate articles pro- moting gun control and urged members to support the latest hysterical outcry against guns. Our own house is in such disor- der because our leadership is turning AAP focus to issues outside the pale of pediatric practice. Before we follow our leader, we must arm ourselves with the facts:

Every point of McCarthy and Kennedy’s bill (H.R. 4073/ S.2185) is already law, except now you face a fine and 6 months in prison if a minor steals your gun and uses it to commit a crime. It also funds CDC on an issue far beyond its domain to collect information (already contained in the FBI’s Uniform Crime Reports) on “gun injuries and deaths involving persons younger than age 21.”

These aren’t children! At our pediatric clinic, we consider chil- dren to be age 17 and younger, without adult-like circum- stances. (Editor’s note: AAP Policy R8816 states, “The responsi-bility of pediatrics may therefore begin with the fetus and continue through 21 years of age.” Pediatrics, May 1988.) This bill, and its anti-gun statistics, define children as age 21 and younger. This is the most crime-prone age group, more repre-sented in gang killings, domestic disputes, suicides and barroom fights than any other. This bill has nothing to do with pediatrics! I think it ludicrous that you should face a prison term if a gang member steals your gun from your home and uses it to kill an opposing gang member.

It already is illegal for anyone under the age of 21 to own a handgun or for anyone under the age of 18 to own a rifle or shotgun. Making these crimes illegal again is empty political posturing. To imply that a gun owner is responsible for the act of a criminal is a huge ideological step in the wrong direction.