SECOND OPINIONS

Photo faux pas

I enjoyed the article in the March AAP News by Laura J. Rongé, urging pediatricians to join the crusade to reduce teen-age driver accidents. The article was excellent and accurately points out the role pediatricians can have in educating teen-agers about their responsibilities as drivers. However, there is a major problem with the article.

In the center of page 11 is a picture of a teen-age boy behind the wheel, not wearing a seat belt. The picture destroys much of the impact of the article.

Dale Coln, M.D., FAAP
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Clarification

Your March issue's evolving format was indeed delightfully done, but I have to take issue with two of your messages.

First, regarding acetaminophen poisoning (page 36), there are most certainly more than 100 deaths annually from overdoses in adults but not — as is implied — from therapeutic errors in children. Quite the contrary is detailed by Heubi et al. in the January Journal of Pediatrics. Over some 20 years, they compiled 55 total cases of therapeutic errors with acetaminophen in children who had developed hepatotoxicity, with 24 of the 55 dying. That's less than 2 per year as opposed to the 100 cited. Moreover, while single acute overdoses of acetaminophen in pre-pubertal children may make them sick and may make everybody worry, very rarely — less than once every three years — do they actually lead to death.

Certainly medication errors do happen. They are a horrendous problem. Check out the Feb. 28 Lancet to learn that medication errors account for more than 7,000 deaths every year just in the United States. Extrapolating data from New York from several years ago, medication errors in hospitals killed two to three times as many children as did accidental poisonings outside of hospitals! (Robert, W.G., Medication Errors, Drug Safety, 1994: 103:328-9.) Thus, while therapeutic errors with acetaminophen in children are certainly a tragedy, these two of 7,000 annual deaths do not warrant media hype — and the context provided may scare off pediatrician users.

Secondly, Dr. Goldman's focus on pesticides also deserves some clarification. Certainly the methyl parathion misuse she mentions is inexcusable and warrants correction. Apparently 18,000 individuals were "involved," but note: there is no quantification of the extent of any clinical consequence. We, in the state of Washington, have actually been monitoring them via our "Pesticide Incident Reporting and Tracking (PIRT) Panel" for the past eight years. We follow up on all concerns voiced to our various state agencies — Health, Agriculture, Labor and Industries, Ecology, etc. — and to the Washington Poison Center. Guess what? Virtually no serious clinical problems in childhood have been found over eight years, though understandably there continues to be much concern.

Now, regarding to President Clinton's appeal in April 1997, the Agency for Toxic Substances and Disease Registry and the Association for Occupational and Environmental Medicine Clinics have sponsored a program to further analyze environmental chemicals and their impact on children. We're one of two units looking into the matter — even down to examining the debate about possible "endocrine disrupters."

Personally, I'm convinced that well-designed scientific studies, as opposed to "gut-level" worries — so popular in the past — are the way to go in the future. Such studies have already simplified the day-to-day management of children who "accidentally" ingest warfarin or super-warfarin rat bait. Using our database, plus the American Association of Poison Control Centers national data, we're able to be quite confident that observation at home — rather than a rush ride to the ED for "gastric decontamination" — is clearly the way to go. It not only is excellent care, but it avoids so many other risks during the ride to ED and during the hospital visit itself.

For emphasis: should a possible pesticide exposure occur, contact your nearest poison center to find out how to proceed clinically. With the myriad of pesticide compounds already out there — more than 10,000 are now available — no practitioner can begin to remember all; you'll want to look them up by calling your center for help.

PS. As may be obvious, I have blatant biases, but no conflicts of interest with commercial entities or governmental sponsors, except as mentioned.

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Your anti-violence role

The recent killings in Jonesboro, Ark., seemed to touch everyone. We as pediatricians feel that we have a role in preventing violence in the United States. The AAP has been concerned about children who are exposed to and are victims of violence. Several programs have been developed in the past few years and more are being developed by the Academy to address this problem.

We want to assume once again our responsibility as members of our society to prevent more violent injuries to the children we care for. We want to respond to the people's pain and fear by again calling on all pediatricians and all of those dealing with children, to encourage the use of available materials and curricula and to advise parents:

• If there are guns in the house, they need to be locked and bullets stored (separately) away from your child.
• If your child visits another house, ask about (the presence of firearms and) gun safety.
• The thrill of violence is not appropriate entertainment for a child.
• Violence at home teaches violence to a child.
• Violence in the media can encourage violence in a child.
• If your child is the bully today, he/she can be the victim tomorrow.

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Timed guidance

In the Managed Care Q & A in the February AAP News concerning anticipatory guidance, the third paragraph begins: "The reality of practicing in a managed care environment is that it is virtually impossible to discuss the whole gamut of anticipatory guidance issues ... in the space of a 20-minute visit."

In reality, discussing the whole gamut of anticipatory guidance issues is impossible in any environment, managed care or not. The difference in managed care is that this is measured.

While there is a specific HEDIS requirement for reporting preventive health care visits for children ages 0 to 6 years and ages 12-21, the importance a managed care organization puts on measurement of anticipatory guidance varies. A managed care organization normally does an on-site chart review at the physician's office. This review usually encompasses 20 or more indicators, one of which is anticipatory guidance. It is unlikely that managed care plan