SECOND OPINIONS

Peanut warning

I am concerned about one of the pieces of advice (June, AAP News, page 18) given by Dr. Stern, who is editor of the soon to be published AAP nutrition guide. Dr. Stern states, "... But if you know the child does not like fish, and you are having fish, it is OK to give the child a peanut butter sandwich." There has been considerable attention in the media to the potential for harm due to peanut allergy — a potential which includes sudden death. It is to be hoped that the above statement will be retracted by the author and in its place will appear a strong caveat concerning the feeding of this highly overrated food.

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Public vs. private viewpoints

After reading the letters from AAP President Zanga in the last two issues of AAP News, I am questioning my representation in the American Academy of Pediatrics. In May 1998, he addressed physician-assisted suicide, and in June he posed questions about U.S. violence as evidenced by the Jonesboro, Ark., shooting. I have found his comments to be specious, reactionary and far from representative of my own views.

I announce myself as an AAP Fellow with pride. I depend on communications from its officers and experts to educate myself and to hone my own opinions. I was appalled to read that President Zanga considers physician-assisted suicide in any situation as comparable to Nazi atrocities. When in the next month he drew parallels between media violence and the lack of school prayer, I felt compelled to reply.

His basic premise was that we, as a pediatric organization, are now obliged to publicize an opinion about physician participation in suicides because Dr. Kervorkian's youngest "victim" was African-American. However, immediately after this statistical observation of one minority group, our president moves on to discuss "attitudes!" Dr. Zanga's progression from supported reference to unattributed, vague generalizations about Medicaid recipients and inner city school children is worthy of a certain well-known radio commentator. I realize that he was not espousing the attitudes expressed, but they were superficial to his premise. In addition, their juxtaposition to the better-documented opinion about African-Americans lent a racist cast to overtly classist comments.

Finally, these comments segued into a statement about the American Medical Association, of which I am not a member, in part because I believe some of its policies to be classist and racist. Acknowledging the AMAs unequivocally negative position on physician-assisted suicide, Dr. Zanga says: "We've thus far not taken a stance, in large part because 'it's not our issue.' Is it?" He then refers to Nazi atrocities and says, "Think about it and let me know."

I have been thinking about these issues for many years, and I am letting Dr. Zanga know. I have always believed that suicide is never an ideal solution and should never be an easy choice. However, there are situations where a suffering patient has exhausted all other options for relief, cure and alleviation. If such a patient were to decide that death were preferable to one more day of pain, are we truly doing no harm? Doctors are meant to be experts in pain control and maintaining life. If our expertise fails, who else has been trained to avoid the potential additional suffering of a failed suicide attempt? No physician should be required to perform such a service, but for those of us who feel it is appropriate to their practice, it ought not to be forbidden.

Euthanasia is currently legal in the Netherlands. Those who request the service are required to fulfill strict criteria ensuring that the decision is theirs alone, that they have truly attempted other modes of relief, that they are committed to their decision and that they have settled their estates. Legislation is designed to prevent abuse of the system, not to punish desperate people and those they regard as helpmates.

It would be far more appropriate for our highest elected officer to call for unemotional examination of cases of assisted suicide. If a significant portion of the membership expresses strong feelings about both sides of any issue, we have not reached consensus and our organization should not publicize its stance.

When he, himself has such strong feelings, he ought openly to state them as personal. If, on the other hand, Dr. Zanga continues to espouse controversial opinions about highly politicized issues like end-of-life decisions and school prayer in his role as president, we are likely to lose members. His ill-considered words will diminish our strength to fulfill the mission of being "committed to the attainment of optimal physical, mental and social health for all infants, children, adolescents and young adults."

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Condom conundrum

That was an interesting slant put on the Health Brief "Condoms in High School" (June, AAP News), in which the researchers conclude that condom availability in the schools "does not appear to lead to increased sexual activity in teens and 'seems to promote greater condom use among males.' The study also showed there was no change in condom use among females, and females are the ones at risk for fertility, pregnancy and emotional damage from early sexual activity. Also, who are these boys who have begun using the school-supplied condoms having sex with?

Intellectual honesty seems dispensable when there is an agenda at stake. Physicians need to either get out of the social issues arena or apply to it the same logical peer review which reasonably applies to any study.

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