Benefits of involvement

Asthma management is a difficult and serious enough issue without placing bureaucratic obstacles in the way of our patients and their physicians (“Quick Access to Rescue Inhalers Critical for Schoolchildren,” AAP News, September 1999). Every county school board develops its own policies concerning the use of metered dose inhalers (MDIs). However, each school often interprets these rules differently. This creates problems for children and physicians who are dealing with many different policies, some acquisitive and some not. Additionally, students are reluctant to leave their peers to stand in line waiting for their MDI.

There is a solution to this problem. In Florida, I submitted the following language to our elected representative who included it in a health care bill being considered by the state Legislature:

“An asthmatic student shall be able to carry a metered dose inhaler on their person while in school when they have approval from their parents and their physician. The school principal shall be provided with a copy of the parent’s and physician’s approval. Section 2 of CS1954, 1993.”

The bill passed and is current Florida law. Allowing physicians and parents to control inhaler use not only is more rational, its practical implications are that children will be less reluctant to use their inhaler prior to exercise, allowing them to participate more freely in physical activities. Parents and school personnel are advised to bring any evidence of inhaler abuse to our attention and in that case (very rarely necessary) permission for the child to carry the inhaler can be rescinded. A few children do not wish to carry their MDI with them, and they should be allowed to keep it with the school nurse. Asthmatic children greatly appreciate this freedom and the responsibility that comes with it.

Working through your state professional organizations, there are ways to get this or similar language passed into law in your state. This is an example of the benefits of active involvement in the political process by physicians. It is too late to wait for a crisis to become involved and seek legislative relief. I would encourage all of my colleagues to join their county and state medical and specialty societies as well as their state and specialty political action committees. Reluctance to participate fully in the political process creates a vacuum that is invariably filled by interests not favorable to either our patients or our profession.

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More on universal coverage

In response to Dr. Edwards’ letter in the September 1999 AAP News — I would respectfully pose three questions.

1. If Medicare were discontinued, would not the “first”

Group to March in Protest in Washington, D.C., be the U.S. Physicians in Practice?
2. Can you identify 10 out of 100 Medicare patients dissatisfied with their access (financial and medical care) to their health needs?
3. Can you identify any member of the U.S. Senate or Congress who is dissatisfied with “their” National Health Care?

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Get with the times

Here are several reasons why you need e-mail and Internet access:
1) The Academy has a mailing list that delivered the thimeroal information one week before the “PedCom” arrived.

This is how www.cumberlandpediatriccfd.com was able to get Kathryn Edwards, M.D., FAAP, to lead the information meeting for area pediatrics before the news media distributed their information.
2) Pediatrics can be searched for full text from January 1997 to the present and for abstracts from January 1948 forward. PubMed permits you to search for abstracts on all articles currently submitted to National Library of Medicine.
3) When a patient brings in an Internet article on a questionable remedy, you will have easy access to a reliable article that you can e-mail to him or her at your earliest opportunity.
4) You will be able to communicate with your colleagues without taking them away from their patients.
5) The Academy can provide information to you in a timely fashion at little expense. We can spend the same money on other important functions.

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