SECOND OPINIONS

Parent: Physician, heal thyself

I am a parent who sometimes reads these pages. I particularly appreciated the October issue that dealt with various facets of children and alcohol use. But this isn't just a problem for our kids to face. I read that issue on the same day I read in our local paper that my children's pediatrician was arrested for possession of cocaine. I'm addressing this letter to any doctors who currently have a drug or alcohol problem or who know of a colleague with this problem. I would like them to hear what my children had to say about this, and imagine what they would feel like if their patients were saying this about them.

My high-schooler is not naïve; she knows kids who are starting to use drugs and alcohol. But she was still shocked. "He examined me! He made decisions about me! And he couldn't make good decisions about himself!"

All three of my children were upset by the news. They kept asking, "Are you sure it's him? Couldn't it be someone else with the same name?" My middle-schooler said: "I trusted him so much."

The youngest cut the article out of the paper and wrote about it for current events. "I still can't believe it," he wrote at the end, "but this was the doctor who took care of me since I was born." ("I'm not really mad at him," he said to me later, "I'm mad at drugs.")

My kids are more healthy now than when they were very young, and since they hadn't been in the office much lately, I didn't think they would take it so hard. They did. Please don't underestimate the power of your example on those who look up to you and your colleagues.

A Parent from New York State

(I chose not to sign my name because I'd really rather not bring any more sorrow or notoriety to this doctor or his family.)

Internet views clarified

The quote attributed to me in the January 1999 AAP News article on e-mail and the Internet did not accurately reflect my views. The World Wide Web, which has harnessed the Internet's power and allowed its use by those outside the academic and defense communities, is a profound innovation. The most important medical applications of the Internet include patient records, CME, patient education, e-mail communication and decision support. The use of e-mail by physicians is like any new technology; there is frequently resistance until everyone feels comfortable with it. One should remember that when Laenner introduced the stethoscope in 1819, this invention was met with skepticism initially. E-mail can help avert the "telephone-tag" which is common in pediatric practice. It also is virtually instantaneous and increasingly accessible to physicians and parents at home and at work. Still, issues of confidentiality, inappropriate use (e.g. should not be used for emergencies), documentation and a host of other concerns would dictate caution in its implementation.

All e-mail messages, including the patient or parent's reply, should be inserted into the patient's medical record.

I support Dr. Jan Berger's recommendation in the article that all physicians using e-mail for patient communication read the American Medical Informatics Association guidelines found at www.amia.org/position2.htm.

The Academy should be congratulated for its Internet-based initiatives including www.aap.org, the Members Only Channel with its member directory (and inclusion of e-mail addresses), www.pedsinreview.org, and its continuing efforts to provide important AAP resources on-line. I would like to encourage AAP members who have an interest in the Internet to join the Section on Computers and Other Technologies (SCOT), a group of pediatricians that promotes the use of information technology in clinical practice and research with the goal of improved patient care.

Mitchell J. Feldman, M.D., FAAP
Lexington, Mass.

We can't have it both ways

Bravo Dr. Zangal (AAP News, January) I, too, am young enough to remember my residency and old enough to see the major changes in the practice of primary care pediatrics. I am well enough to remember the six months in NICU where we not only ordered care for our patients, we actually carried out that care. We adjusted the ventilators, drew the blood samples, actually performed many tests in the nursery and transported other samples to the pathology laboratory. In the emergency room we would perform the spinal tap and then do the cell counts. We examined stool samples, plated and read streptococcal cultures, pulled blood smears, and looked at KOH slides. On the wards we learned to read our patient's X-rays, we took care of patients in sickle cell crisis, and asthmatics. In our inpatient rotations, we used specific testing procedures for a wide variety of problems — from the hearing-impaired child to the sexually active teenager. I was truly excited to finish residency and put into practice this wide variety of skills.

Flash ahead to 1999 where I am invited to "visit" my sick newborns in our community NICU but not to direct their care. This applies to both the 26 week premature infant all the way