LETTER FROM THE PRESIDENT

‘Rule of Threes’ points up tragedy in child health bureaucracy

Two infants, not one, die of malnutrition while being breastfed! Two mothers, not one, are prosecuted for manslaughter, and the New York Times publishes two editorials, not one, expressing rage because two infants, not one, are denied Medicaid despite their eligibility. According to the rule of threes, there will be a third.

I first heard of the rule of threes during residency. Simply stated, when a child presents with an uncommon disease, or a common disease presents in an uncommon way, the rule says to expect, within a short time, two similar events. To this day, I remember when the rule worked.

I was alerted by one unusual ingestion to two others that followed. I remember three children who were diagnosed with osteomyelitis, and three children who were admitted to the hospital with malignancies with unusual presentations. All of these “threes” occurred within a period of weeks.

Some clustering can be explained epidemiologically, as would be the case where there is an infectious etiology. Obviously, there is no clear scientific basis for the rule. The rule was presented to me by an astute attending as a clinical pearl and it made for remarkable teaching and discussion. Of course, I do not remember the times when the rule didn’t work.

I reported in an earlier column (AAP News, February) of the death of a nursing infant who was denied medical care when the hospital turned mother and infant away because the mother had neither a Medicaid card, nor $25. The mother was tried for manslaughter, but the charges were dismissed when pediatricians testified of the substantial risk to breastfeeding infant who is not examined, weighed and appropriately monitored. When I initially heard of a second case, my reaction was con-fusion with the first case. I could not believe there could possibly be another such catastrophe so soon.

Then I remembered the rule of threes. The second mother had made repeated attempts to enroll her infant in Medicaid and was denied a card for her infant because of computer errors and bureaucratic confusion. She received in the mail two Medicaid cards the week after the infant’s death.

Now I’m waiting for the third tragedy. There will be more tragedies so long as we, as a nation, fail to provide health insurance, as a right, to children and ultimately all Americans. The bureaucratic rules we create through means testing and limited eligibility almost guarantee similar failures.

In today’s political and economic climate, we must demand that our nation protect not only Medicare and Social Security, but also remove for children the financial barrier to care by providing them with universal insurance. And universal insurance must provide coverage for comprehensive services as spelled out in our AAP Health Supervision guidelines. The tragedy of two infant deaths (every preventable death is a tragedy) adds a human face to the statistic that 43 million Americans, 11.6 million of whom are children, lack health insurance. These two infants, and infants to come, cry out that there must be no financial barrier when medical care is needed!

Now is the time to educate candidates of both major parties who are competing for national office in the year 2000 of the need for truly comprehensive health insurance for all. It is time for action!

Joel J. Alpert, M.D., FAAP
President, American Academy of Pediatrics

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Errata: Perinatal Guidelines

The following errata to Guidelines for Perinatal Care were agreed upon by the AAP Committee on Fetus and Newborn and the American College of Obstetricians and Gynecologists’ Committee on Obstetric Practice.

The guidelines should read as follows:

Hepatitis B Screening of Pregnant Women Pages 208-210 (under “Maternal Infection”): ‘Because historical information about risk factors identifies fewer than half of chronic carriers, serologic testing for HBsAg is recommended as part of the routine battery of prenatal tests for pregnant women.

Car Seat Adaptations for High-Risk Neonates Page 171 (second sentence from top): ‘Proper infant safety, including car seat adaptations for infants weighing less than 2,500 g and recommended sleeping positions for premature infants

Ophthalmologic Assessment of High-Risk Neonates Page 171 (second bullet point): ‘Ophthalmologic assessment of neonates born at less than 28 weeks of gestational age or weighing less than or equal to 1,500 g at birth (as determined by hospital policy) has been performed, and a follow-up appointment has been scheduled.

Policies in Pediatrics

The following AAP policy statements were published in the May Pediatrics:

Fetal Therapy: Ethical Considerations — Committee on Bioethics

Measles Immunization in HIV-Infected Children — Committee on Infectious Diseases and Committee on Pediatric AIDS

Combination Vaccines for Childhood Immunization: A Subject Review — CDC Advisory Committee on Immunization Practices and the Academy

The full text of AAP policy statements can be accessed on the Pediatrics Web site: www.pediatrics.org.

Correction

In the “Managed Care Q & A” column that appeared in the April 1999 AAP News, Jerald L. Zarlin, M.D., M.B.A., FAAP should have been identified as a member of the executive committee of the AAP Section on Administration and Practice Management.