



MILWAUKEE ACADEMY OF MEDICINE



Volume XVI / September 2006

President's Comments

by *Ralph Schapira, M.D.*
President 2006

In 1974, a United Airlines flight landing at Dulles airport was directed to take a newly designated flight path into the airport. The flight narrowly missed the top of a hill just outside Dulles that was in the middle of the new flight path. The flight landed safely and the pilots told their United Airlines colleagues to be aware of the hill when approaching Dulles. The pilots didn't widely share their experience outside the company for fear of punishment at having had a "near miss." Six weeks later, a TWA flight to Dulles crashed into the same hill on approach. Had the TWA pilots known about the United Airline experience, the crash could have been avoided.

From this incident, the Aviation Safety Reporting System

(ASRS) was born in a partnership with NASA. ASRS receives reports from pilots, air traffic controllers, air carrier inspectors, cabin attendants, mechanics, and a variety of other individuals. ASRS's report intake was robust from the first days of the program, averaging approximately 400 reports per month. In recent years, report intake has grown at an enormous rate. It now averages 650 reports per week and more than 2,600 reports per month.

The ASRS collects, analyzes, and responds to voluntarily submitted aviation safety incident reports in order to lessen the likelihood of aviation accidents. ASRS data are used to identify deficiencies and discrepancies in the National Aviation System (NAS) so that these can be remedied by appropriate authorities, support policy formulation and

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2006-2007 MEETING DATES

September 19 • Clive Svendsen, Ph.D.
Stem Cells: The hype, the reality, and the promise

October 17 • Distinguished Achievement Award
Alonzo Walker, M.D.

November 21 • History of Medicine topic.

2007

January 16 • **February 20**
March 20 • **April 17** • **May 15**

MEETING LOCATION
University Club of Milwaukee
924 East Wells Street
6:00 p.m. reception hour
6.30 p.m. dinner
7:30 p.m. announcements and speaker presentation

The 1,246th Meeting

September 19, 2006

University Club of Milwaukee
924 E. Wells Street
6 to 9 p.m.

Contact the Academy office for reservations.

Clive Svendsen, Ph.D.
Professor of Anatomy and Neurology, Co-Director, University of Wisconsin-Madison Regenerative Medicine Program

Stem Cells: The hype, the reality, and the promise

Stem cells have been much in the news of late, and will be a major issue in Wisconsin's gubernatorial election this fall. Given the ethical and political controversies, what is the current state of the science, and how can we distinguish the

hype from the promise of stem cell research?

Clive Svendsen is Professor of Anatomy and Neurology and Co-Director of the University of Wisconsin-Madison Regenerative Medicine Program. Dr. Svendsen is one of the foremost stem cell researchers, and has focused on generating banks of human stem cells with potential

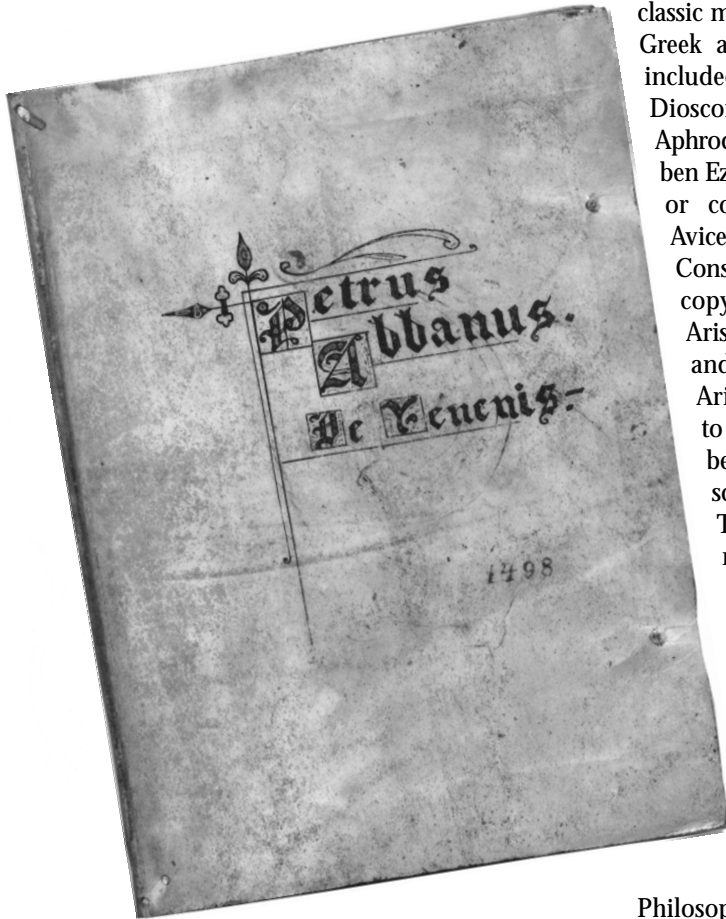
use in clinical trials for diseases such as Parkinson's and ALS. A unique aspect of his work is combining stem cells with gene therapy and powerful growth factors that are able to regenerate damaged brain tissues.

He will bring us up to date on the state of the science, and will help distinguish promising therapies from science fiction.

From the Academy's Rare Book Collection

Review by H.D. Kerr, M.D.

Petrus de Abano (ca. 1250-1315). *Incipit Excelletissimi Me Dicit Magistri Petri De Abbano Prologus In Libellum De Venenis, Mineralibus, Vehitabilibus, Animalibus Et Quolibet Et Ente Sub Solari Globo Ceteris.* (Leipzig: J Thanner, 1498).



Petrus de Abano (aka: Pietro d' Abano, Peter of Abano, Petrus Aponus, Petrus Abbanus, Petrus Aponensis) was one of the leading physicians and teachers of the High Middle Ages. He wrote at least ten books and by his translations returned many ancient medical works into common usage.

Abano was born near Padua and received a particularly fine education that stretched from Padua to

Greece, to Constantinople, to Paris, and then back to Padua where he settled into a life of study, teaching and practicing medicine. His studies included languages, philosophy, medicine, and mathematics. He maintained interests in astrology and astronomy. While in Greece and Constantinople he translated classic manuscripts into Latin from Greek and Arabic sources. These included Hippocrates, Galen, Dioscorides, Alexander of Aphrodisias, Cassios, and Abraham ben Ezra. He may have translated or commented on works by Avicenna and Averroes. While in Constantinople he obtained a copy of the "Problems of Aristotle" which he translated and included commentary. Aristotle had been nearly lost to the West until 1100 but had been avidly studied by Arab scholars such as Averroes. The resurgence in Aristotle's major influence in science and philosophy was further enhanced by Abano's translation and his commentary.

In Constantinople he began his best known work, "Conciliator Differentiarum" (Reconciler of the Differences Between Philosophers and Physicians), in which he reviewed important practical and philosophical questions, discussed objections, and proposed solutions. Abano continued this work at the University of Paris and completed it at Padua (ca. 1303). Conciliator was his attempt to unite medicine more securely with the principles of natural philosophy. Simple statements, each numbered, such as these examples were followed by detailed commentary (1,2).

14. Has air weight in its own sphere?

154. Should treatment begin with strong or weak medicine?

204. Is a narcotic good for colic?

206. Is blood-letting from the left hand a proper treatment for gout in the right foot?

Klemm (3) describes and discusses number 156; Can incantation pronounced by a physician assist in restoring or maintaining the health of a patient? Abano linked casting a spell to medical rhetoric, the problem of convincing the patient of the physician's profound knowledge of the subject and thereby building trust. Developing adeptness in medical rhetoric remains an essential part of practice.

The Academy holds a copy of Abano's "De Venenis", a well known work printed in 1498. A slim volume on the subject of poisoning, it consists of six chapters that classify and describe all important poisons, how they enter the body, their effects, antidotes, and treatments (4). An example is the problem of treating poisoning due to the turnip-like plant, napellus (monk's hood, aconite).

"If a pernicious poison like napellus is taken, at once syncope appears, which is a passion of the heart, and there is tremor of the heart and defective pulse and all of the symptoms of cardiac passion on account of which it must be known that the heart when it is sound, like the other members, attracts to itself nothing except blood, and at the same time the spirits, of which one remains in the right ventricle and the other in the left...He will die in one to three days...All parts of his body will be swollen and he will not be able to contain the tongue in his mouth"(4).

Treating this poisoning today is just as formidable whether it is due to an accident of botanical misidentification, a pinch as part of a Chinese herbal cure, or by deliberate murder (5). Abano recommended giving “two drachms of the best emerald crushed in a powder with wine”. The bezoar or bezoar-stone (the counterpoison) for napellus is “...the mouse, because it nourishes itself upon the root of napellus. Give it dried, two drachms, in a drink.” The importance of immediate treatment and his detailed instructions seem to indicate his pessimism about the outcome of this dire poison (4).

Also among his prolific writings is an interview with Marco Polo (1254-1324) done at Constantinople in 1295 shortly before the great traveler’s return to Venice. Abano, of course, inquired about treatments and was told about aloe, camphor, brazil, and the practice of medicine in those far off lands. In the following year Marco Polo was jailed by the Genovese and dictated to a cellmate his celebrated “Description of the World”.

Abano became the most influential medical writer, lecturer, and teacher of his time and produced learned books on the subjects of medicine, natural philosophy, and astrology. His works encompassed astronomical tables, a compendium of heavenly signs for any hour or minute, character judgment by physical features, and baths. “The Heptameron”, a compendium of magical rituals, is still in print. He included novel ideas in his teachings, among which were his views that the brain was the source of the nerves and the heart the source of the blood vessels. His willingness to question established beliefs helped shape the scholarly tradition at Padua. He was the first in a long line of distinguished Padua faculty members. He bolstered his opinions with deep knowledge of medical writings of the past, gained by his own translations and commentaries.

The University of Padua, the third oldest in Italy, was founded in 1222 and gained stature by admitting dissatisfied students and faculty who migrated from Bologna. In those days students were

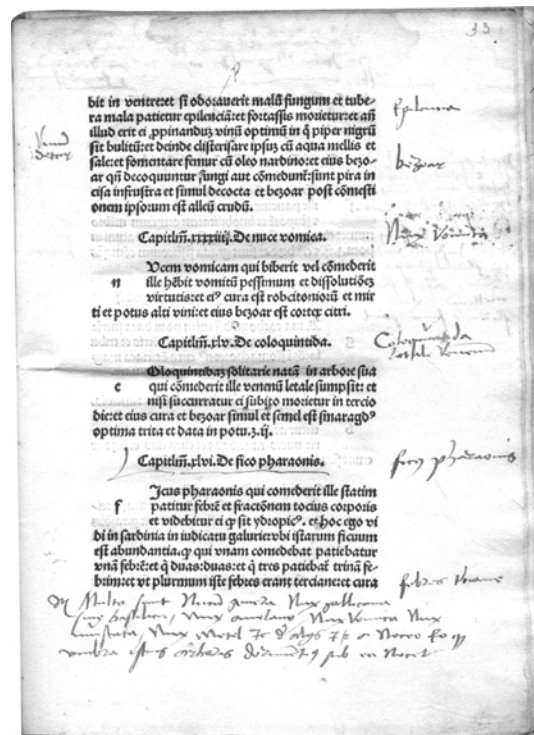
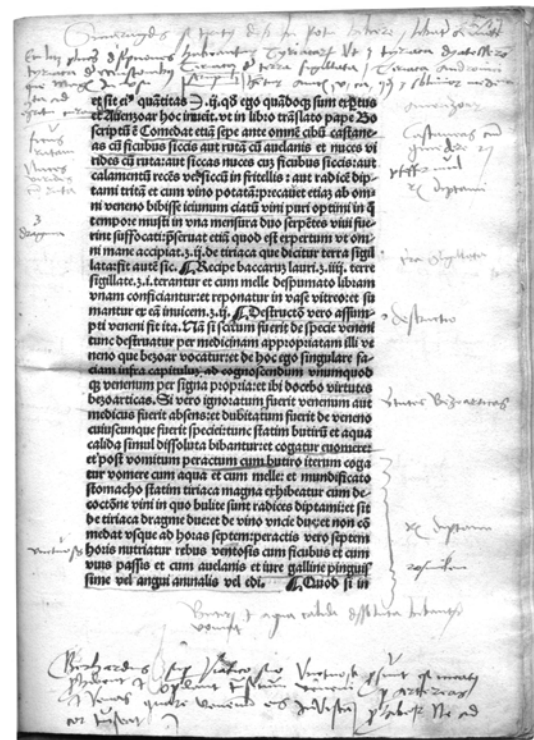
organized into guilds and hired their own teachers. Bologna was among the few and best universities in Europe, and Padua or hoc grew to rival it. Among Abano’s students at Padua was Dante Alighieri (1265-1321).

Despite his fame he fell afoul of the Inquisition and was charged twice with necromancy (communicating with the spirits of the dead) and heresy. He was suspected of using magic. He dared to deny the existence of a devil and suggested that physical illness of a patient resulting in a three day coma may be an explanation for the miracle of Lazarus’ having been raised from the dead. He was sentenced to be burned at the stake but died before this could be carried out and was burned in effigy instead. He was persecuted for expressing his belief, based on practical experience and study, that disease had natural as opposed to supernatural causes. His fame and influence continued for centuries, nevertheless. Eight of the first 182 medical books printed before 1481 were written by Abano. Conciliator remained popular into the 1600s

We can gain inspiration from his labor at tasks beyond the ability of most, and how in a scholarly fashion he honestly tried to understand and analyze his times. He might offer us the same challenge regarding comprehending our own times and our own Inquisitions.

References:

1. Van Harteveldt FR. Pietro d’Abano. In: Wolbrink S (ed). Great Lives from History: The Middle Ages (477-1453). Salem Press: Pasadena, CA, 1-2.
2. Anonymous. Pietro d’Abano of Padua (1250-1315) translator and scholiast. JAMA 1967;202:205.
3. Klemm, Matthew. Incantations in the medical philosophy of Petrus of Abano (c. 1250-1316). <http://www.aseweb.org/Papers/Klemm.htm>.
4. Brown, Horace. De Venenis of Petrus Abbonus. Ann Med Hist 1924;6:25-53. An English language translation with commentary.
5. Plants: Aconitum. Micromedex ®. Thomson Micromedex 1974-2006.



Some Unforgettable Patients

by J.M. Cerletty

Several years ago, one of our interns asked me to describe the most interesting patient I had seen in my career as a physician. How to answer? Was it the person with the most unusual health problem? Was it the exceptional way the patient presented? Was it an individual who was interesting because of his or her personality or occupation? Or was it an intertwining of an interesting health problem in a most special person? Perhaps it was the patient who taught me the most and helped me become a better physician. I wasn't sure I could choose one or two as my most interesting, but I surely can recount some of my unforgettable patients.

I've been blessed to attend to a host of nonagenarians. John Adelman was a 95 year-old who described himself as the world's foremost curmudgeon. He reluctantly came under my health care because of a small goiter. Since he lived in my neighborhood, he would stop by my house, invariably unannounced, for his follow-up visits. This tall and lanky man stood erect without a hint that the passing years might have put the slightest stoop to his posture. He spoke to me, always leading with his right profile. I thought this vain and ostentatious man was trying to show off his elegantly sculptured nose, but later suspected he was only trying to hide the hearing aid in his left ear, the sole visible concession to his tenth decade of life. John sported a full mane of white hair that he preened constantly with his long, slender fingers. He was quick with a flirtatious or ribald remark whenever a woman of any age was nearby. Perhaps men in his group are immune to charges of sexual harassment since all members of

the fair sex seemed entertained by his comments. One day, he answered a 76 year old widow's ad for "husband's work available" but was crushed to find out that she was only interested in having him hang screens and do lawn work, not the husband's work this lecher had envisioned.



In the early 1970s at County Hospital, a recovering alcoholic patient was missing from ward 4 East one night. He was later found in his hospital gown, wandering down Bluemound Road, trying to hail cars "looking for a cigarette". He couldn't find the exit door of 4 East, so he had jumped out the window of the sun porch, landing on bushes below, no worse for wear other than he left his slippers on the bushes. Memorable he was, but not too smart.

Fascinating memories were shared with me by a 92 year old Austrian musician who had played clarinet with a trio that entertained passengers on the original "Oriental Express," a luxury train that ran from Paris to Istanbul. Dieter Hoffman had been born in Vienna to a family of musicians in 1888. He claimed that he could play the *Blue Danube* waltz on his clarinet by age four and was facile on the alto saxophone by age nine. He auditioned for the train's trio at

age eighteen and was readily hired. His musical talents were versatile, although he complained that the tenor saxophone was almost bigger than he was. When I met him, he was stooped and frail, an appearance that belied his vivacity. His azure blue eyes literally twinkled as he recounted his experiences. The trio played in the train's dining car, club cars (the cocktail lounge) and the smoking car (alcohol, cigars and no women). In the dining car, a violinist and a pianist accompanied him. In the other cars, a muted trumpet and a bass fiddler joined him. He described the different uniforms they wore in each car. "I felt like a peacock, with the array of colors I had to don!" he growled in his clipped, Teutonic accent. He had played for almost all of Europe's royalty, from Kaiser Wilhelm of Germany to Czar Nicholas II. "Pompous asses" was his succinct description of the royalty.

As a general medical officer in the army, I often took care of children. A four-year-old had been very ill with pneumonia. She made many visits to our clinic before the antibiotics resolved her problem. Two weeks after her complete recovery, she came back with her mother, "Thank you for healing me" said little Sarah, who then proceeded to hop on my lap and give me a huge hug and a memorable kiss. As they say, it doesn't get any better than this. I accumulated a great deal of crayon artwork from youngsters like her during those two years (yes, I did put them on my refrigerator door).

Ninety-seven-year-old Guido Buscaglia's medical history was not as fascinating as his account of his operatic career as a tenor. Stories recounting his youth in Florence were his favorites, and

also became mine, even after several retellings. His command of the English language was flawed, and he frequently lapsed into his native tongue. It was at moments like these that I lamented the fact that my Italian grandfather had died too soon to teach me the language of my forefathers.

Acromegaly is an insidious disorder, with gradual coarsening of the features and growth of the hands and feet. The retrospective first symptoms that brought these people to physicians are interesting. One fifty-year old, with his thickened brow and jutting jaw, swore that he became alert to a possible disorder when he had to have his bowling ball redrilled. His huge, spade-like hands made that explanation readily understandable. A former first violinist for the Milwaukee Symphony, with similar growth of his hands, had to switch

to the cello since his broad fingers couldn't touch just one violin string. The physical changes of acromegaly, with its coarsening of facial features, may initially make a man look more rugged, but may have devastating effects on the appearance of a woman. "I never was a Miss America," said the thirty-five year old woman with this disorder, "but this is ridiculous!"

Early in my career, I attended to a man with severe coronary artery disease. He loved to tell the story of a prior physician who had told him a decade earlier that he would not survive more than a year. He worked at the same downtown building as this physician. He delighted when the doctor entered a crowded elevator with him, so he could crow to his abashed medic "I'm still alive!" Thanks to this man, I am vague with my prognoses.

There is a flower and plant store in my city, run by a middle-aged woman who sponsors a spectacular sale each spring. Coincidentally, each winter the ficus tree in our living room sheds its leaves. I believe this happens when trees like this die. My wife, who won't tolerate defeat, purchases a new and larger one annually. Mrs. Plant, who runs the store, welcomes my wife and invariably gushes loudly to her about how Dr. Cerletty saved her life twenty years ago. The problem is that I don't remember her. I'm afraid to go into the store lest I should be identified as a fraud. Better to be an imaginary hero than a false predictor of an early death. Can a memorable patient be someone you don't remember? ∞

(Please note, all patient names listed in this newsletter are fictitious.)

Alonzo P. Walker, M.D. Distinguished Achievement Award Recipient

Alonzo P. Walker, M.D. will receive the Milwaukee Academy of Medicine's 2006 Distinguished Achievement Award at the October 17th Academy dinner program which will be held at the University Club from 6 to 9 p.m.

The award is presented annually in recognition of outstanding contributions to the advancement of knowledge and practice of medicine by a Wisconsin physician.

Dr. Walker is Professor and Chief of Surgery, Division of General Surgery at the Medical College of Wisconsin.

A few of the recent recipients of this award are listed below:

Elizabeth Jacobs, MD 2005
Adolf Staffl, M.D. 2004
Jordan Fink, M.D. 2003
Robert Adlam, M.D. 2002
Donald Tresch, M.D. 2001
Michael Keelan, M.D. 2000
Stuart Wilson, M.D. 1999
Charles Aprahamian, M.D. 1998
Raymond C. Zastrow, M.D. 1997
Daniel J. McCarty, M.D. 1996
Marvin Wagner, M.D. 1995

Humanitarian Award Nominees Needed

Each year the Milwaukee Academy of Medicine selects a recipient for our Humanitarian Award.

The Humanitarian Award is given annually to "*an exemplary individual or group who has significantly improved the welfare of our community by virtue of their courage, tirelessness, compassion and vision.*"

The Academy council is seeking letters of nomination (by November 1st) for this award which will be presented at the Annual Meeting on January 16th, 2007. Please contact Amy John in the Academy office if you would like a listing of past recipients or more information on the nomination process.

Waiting Room Ambience

by Wayne Boulanger, M.D.

A couple of months ago I wrote of my frustration in attempting to speak with a living person on the other end of the line when telephoning the doctors. From what I've heard from the occasional loyal reader, I'm not alone.

So, emboldened and euphoric, basking in the glow engendered by their approving comments, I'm encouraged to fire another broadside. My target this time—the doctor's waiting room.

You may recall that I have mentioned in prior essays one of my tasks in the Marines—that of calling in targets for naval gunfire. Unless my luck has improved since then, my current target will probably escape unscathed as did most of those Japanese fortifications, but here goes anyway:

Every now and then, as the result of a successfully completed call to the doctor's office, LaVerne and I do wind up with an actual appointment, these days mostly on her behalf. And after she has been ushered into the august presence, I take the opportunity to relax and scan my surroundings. I don't spend a lot of time studying the furniture, but I must raise the point that some of the pieces I see there bear a striking resemblance to the junk we donated to Good Will when we got rid of the farm.

But familiar or not, the furnishings don't hold my attention long, and I go over to the magazine rack or coffee table looking for something I wouldn't be ashamed to be caught reading by someone who might recognize me. (Believe me, that stipulation reduces the literary choices considerably.)

People magazine seems to be the most popular publication to which doctors subscribe for their clientele in those offices we frequent, and I must admit the issues I pick up appear to be well-thumbed. In desperation for reading

material I have sneaked a peek at one or two copies, but find I don't know any of the motion picture celebrities whose marital exploits they feature. (That's probably my own fault, because the last movie I paid to see was *Driving Miss Daisy*.)

The trouble is that if I eschew *People*, there isn't a lot left. *Field and Stream* leaves me cold, and *Sports Illustrated* is old news to ESPN viewers before it's put out on the rack.

When I had an office I took the position that my patients were worldly and well-educated, and if they weren't I'd do my bit to help make them so. I also realized that my patients hated waiting as much as I did, and if they did have to wait at least I would try to avoid insulting their intelligence with gossip magazines and out-of-date news.

I remember as an intern in 1952 having taken out life insurance in anticipation of the birth of our first child. A physical exam was required, and I was sent to a downtown internist's office. He had completed his training in Europe in 1938 just as the Nazis were beginning their *blitzkrieg* at the start of World War II. His office furnishings, however, dated back to before World War I and were vaguely reminiscent of those pieces which befouled my maternal grandmother's living room. (The only things missing were those doilies she used to put on just about any available flat surface.)

The lighting wasn't good in his waiting room either, but in the semidarkness I noted that for the reading pleasure of his patients he had provided *Colliers*, the *Saturday Evening Post*, and *Liberty* - all revered names in the publishing business in those days. But by 1952, *Liberty* had already been out of print for years. Norman Rockwell had begun doing the cover for the *Saturday Evening Post* in 1916, and I must admit that all of the copies of the *Saturday Evening Post* had specimens of his talent on the covers, so I could tell that at least none of them was more than thirty-six years old.

Of course, some periodicals never do go out of date. They are the ones I stuck with in my office - *Smithsonian*, *Punch*, *British Heritage*, and *National Geographic* to name a few. *Punch* gave up the ghost about the time I left practice but I have saved some of them, and they are still entertaining.

I suppose *Readers' Digest* would have been a good choice too, but even when I used to read it in Casco Grade School I found it awfully tame.

Another good source of reading material for my waiting room was those *National Geographic* hard covered publications. My patients enjoyed them.

But there is a down side inherent in providing entertaining reading material. Sometimes when their medical/surgical needs were taken care of a few of my patients would sit back down and resume reading when I was trying to close the office early.

If I did go ahead and close up, some readers, unable to finish in time, would simply take the book or magazine with them, planning to return it at the next appointment. Sometimes they actually did come back to me, but unfortunately not as often as some of the hernias I have fixed.~

This article originally appeared in the Columbia St. Mary's Physician Staff Newsletter.





The 1,245th Meeting

May 16, 2006

by Nick Owen, MD

The 1,245th meeting of the Milwaukee Academy of Medicine was held on May 16, 2006, at the University Club. Dr. Ralph Schapira, President, conducted a brief business meeting at which Doctors John Hayes, Sridhar Vasudevan and Jeffrey Whittle were inducted as new members.

Dr. Seth Foldy introduced John S. Toussaint, M.D., President & CEO ThedaCare, Inc., Past President, Wisconsin Collaborative for Healthcare Quality, and Chairman, Wisconsin Health Information Organization who spoke on Healthcare Quality, Cost and Value in Wisconsin. He discussed the ongoing evolution of healthcare evaluation into a more provider-led, performance-based quality system that will not rest on charges or cost. He then solicited comments and suggestions.



To The Membership

You hear two new voices in this issue, our President, Dr. Ralph Schapira and former council member, Dr. Ron Stark. We encourage more of you to submit items for publication. We are always looking for original writing, either medical or general.

Have you read a great book? Tell us and we'll read it and review it or better yet, write a review and we'll publish it.

Have you heard an outstanding talk lately at a meeting or course which ought to be shared with fellow Academy members? If so, please let the program committee know.

All communications should be directed to Amy John at the Academy.



Response to President's Comments

The following is in response to Presidential remarks from Dr. Ralph Schapira and Dr. George Walcott which appeared on page 1 and 8 of the June 2006 Academy newsletter. The articles are available for viewing on the Academy website: www.milwacademy-ofmedicine.org

Dear Dr. Schapira:

I read with interest your column in the Milwaukee Academy of Medicine Newsletter, Volume 15, June, 2006. In there, you welcomed replies to your president's comments. Please take this as my humble reply. I thought your comments were very insightful and pointed out many of the problems which currently face us. Of interest to me was the fact that the retiring president, Dr. George Walcott, in a slightly different way seemed to express some of the same concerns and reservations that you so eloquently articulated in your comments as well. Both of these things made me stop and ponder. I have been in the private practice of hand surgery for 20 years in the Milwaukee area and graduated from medical school in 1978. While I might not be a died-in-the-wool old timer yet, I am getting close. I also have a daughter who is current-

ly completing her internship in the medicine and pediatrics program at the University of Minnesota. Therefore, I have some experience with the present, the past and am having a glimpse of the future through my daughter's training.

My thoughts are as follows: I think medicine is changing rapidly. But medicine has been changing rapidly for at least the past 50 years. While much of it may be perceived to be for the worst, I believe the general direction is that of improved healthcare, better technology and more effective treatment for patients. Some of the changes which have taken place to insure more humane training hours and conditions are long overdue. Some of the quaintness and personalized care that used to be so endearing to the medical profession is no longer present. Likewise, the "God-like" reverence which physicians used to receive is no longer in abundant supply. Having said that, I believe that medicine remains a highly personalized profession. It still remains one doctor with one patient making important decisions and interacting with one another. The same qualities of compassion and understanding which made physicians great 100 years ago will continue to make them great today and

in the future. I believe the challenges are as rewarding as they ever were. Perhaps we will not be paid as much money. Perhaps we will not have as much prestige. But I believe that the rewards of being a physician are as great as they ever were. I believe that for those people who go into medicine for the right reason, being a physician will remain a dynamic, rewarding and popular career.

Having said all of that, I still think it is incumbent upon us as current practicing physicians and as senior members of the medical community to do everything possible to preserve the integrity of the medical profession. Respect for medicine, respect for our patients and respect for the doctor/patient relationship must continue to be at the forefront. We must never let our guard down. I think we should march into the future confident but watchful, embrace the change that is coming while at all times clinging to those time honored traditions which make the practice of medicine worthwhile for the physician and beneficial to the patient.

Sincerely yours,

Ron H. Stark, M.D.



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~ A Membership Note ~

The Milwaukee Academy of Medicine is an association of many of Milwaukee's leading physicians, and we are always looking to add new members. Each of you has an associate, a frequently used consultant, or a colleague you admire and consider a leader in the medical community. Please get his or her name to Amy, invite them to a meeting as the Academy's guest and let's get them to join us.

President's Comments

continued from page 1

planning for, and improvements to, the NAS and to strengthen the aviation human factors safety research. This is particularly important since it is generally conceded that over two-thirds of all aviation accidents and incidents have their roots in human performance errors.

Reports sent to the ASRS are held in strict confidence. More than 600,000 reports have been submitted to date, and no reporter's identity has ever been breached by the ASRS. ASRS de-identifies reports before entering them into the incident database. All personal and organizational names are removed. Dates, times, and related information, which could be used to infer an identity, are either generalized or eliminated. Alerts are sent by the ASRS to airline pilots to make them aware of safety issues. Pilots are avid readers of ASRS safety alerts.

Why not a similarly designed system for healthcare, where safety errors and flawed systems are costly and cause many, many patient deaths?

The Department of Veterans Affairs (VA) – the largest public healthcare system in the country with nearly 200 hospitals and over 800 outpatient clinics with several million enrolled patients – has also turned to NASA to implement the Patient Safety Reporting System (PSRS). The PSRS allowed anyone who works in a VA facility to vol-

untarily report any events or concerns that involve patient safety. Like the ASRS, the reports submitted to PSRS are strictly confidential and non-punitive – physicians are not censured for reporting safety issues.

What types of events may be reported to the VA's PSRS? "Close calls," events or situations that could have resulted in accident, injury, or illness, but did not, either by chance or through timely intervention; unexpected serious injury occurrences that involved a death, physical injury, or psychological injury of a patient or an employee, and lessons learned or safety ideas.

PSRS analysts review each report and advise the VA about safety issues. An integral part of the PSRS system is the PSRS Safety Bulletin which has the same function as the ASRS alerts so closely followed by pilots. VA Medical Centers and their physicians can alter their practice or systems based on the PSRS Bulletins. PSRS also publishes other materials based on what they have learned from the PSRS reports (<http://www.psr.arcs.nasa.gov/>).

Hopefully, the VA/NASA partnership can be broadened to include all of healthcare, forging a system to reward the reporting of safety issues and not punish or discourage for fear of law suits or job loss. Physicians have a lot to learn from the aviation industry, one recognized for its culture of safety and performance improvement. ~



Email Reminder

If you have not already done so, please email your current email address to the Academy office, milwacademyofmed@execpc.com, so that you can be easily contacted for general correspondence and feedback gathering. Thank you.



The editors would be happy to consider any original submissions from members for publication.



Editors' Note

As late as the 1970s many hospitals had death reviews and complication conferences to discuss this sort of problem. They were disbanded largely at the direction of institutional and individual malpractice attorneys.

Before exploring this process further we need to know how consumers who are injured in airline incidents are compensated.

Your Editors