

LETTERS

Medical-Legal Quandary of Healthcare in Capital Punishment

To the Editor: Bravo to Kevin Johnson, CRNA, MHS,¹ for writing about the implications for Certified Registered Nurse Anesthetists (CRNAs) of lethal injection.¹ The topic is pertinent and highly charged; a discussion is long overdue.

Although lethal injection is a legal construct, it has some similarity to clinical anesthesia.² Lethal injection is often poorly applied, and so CRNAs may be compelled by the courts to ensure it is carried out properly, ie, mix the drugs, obtain the venous access, and monitor the vital signs including level of consciousness. Whether you participate or not, you become entangled in a dispute over social policy.

In my view, CRNAs should adopt a policy akin to the one written by the American Medical Association, which reads in part: "An individual's opinion on capital punishment is the personal moral decision of the individual. A physician, as a member of a profession dedicated to preserving life when there is hope of doing so, should not be a participant in a legally authorized execution."³

REFERENCES

1. Johnson KW. Legal Briefs: The medical-legal quandary of healthcare in capital punishment: An ethical dilemma for the anesthesia provider. *AANA J.* 2008;76(6):417-419.
2. Guidry OF. Message From the President: Observations Regarding Lethal Injection.

ASA Newsletter. 2006;70(8):6-8.

3. Ethics Policy 2.06 Capital Punishment. Health and Ethics Policies of the AMA. http://www.ama-assn.org/ama1/pub/upload/mm/Code_of_Med_Eth/opinion/opinion206.html. Accessed December 19, 2008.

Evan Koch, CRNA, MSN
Spirit Lake, Idaho

New Way to Set Up Propofol Infusion

To the Editor: Propofol infusion is now widely used. It is set up as shown in Figure 1. A syringe of propofol is mounted into a drug infusion pump. A minibore extension tube is connected to the propofol syringe. Then it is connected to a stopcock or injection site of intravenous (IV) tube. We modify the connection by connecting the IV tube directly to the propofol syringe (Figure 2). The syringe can be connected to injec-

tion site of IV tube by plastic blunt needle or clip lock cannula through the center of the septum. The syringe also can be locked into the stopcock or injection site of IV tube with the Luer lock end; therefore, the minibore extension tube can be saved. Our modification can reduce the cost associated with the administration of propofol (\$1.05). While such a cost savings may seem small, when considered in the aggregate of many thousands of cases (or many more if widely adopted), the savings is substantial. The propofol infusion pump should be placed near the injection site of the IV tube. Anesthesia providers should remain vigilant to avoid disconnection and maintain free flow of IV solution.

Jeffrey Huang, MD
Todd Gorman, CRNA

*Anesthesiologists of Greater Orlando
Orlando, Florida*



Figure 1. Propofol infusion with minibore extension tube



Figure 2. Propofol infusion without minibore extension tube