Insurance report indicates causes for malpractice suits against physicians

Hospital Medical Staff recently reported the results of a study by the National Association of Insurance Commissioners which indicates that errors in medical judgment rather than errors in actual performance of medical procedures appear to be the most frequent cause of malpractice claims against physicians.

These conclusions were based on a survey that obtained information from insurers on claims closed since July 1, 1975.

The study found that claims against physicians and surgeons accounted for 57% of all malpractice claims filed and that another 38% of the claims were filed against the hospitals.

Malpractice turnabout—Doctor sues patient

In what is believed to be the first such case in Illinois, a doctor has filed suit against his accuser in a malpractice case.

The Chicago Daily News recently cited the story of Dr. Eugene R. Balthazar who, after being unsuccessfully sued for $100,000 by a female patient whom he treated at his free clinic in Aurora, Illinois, turned around and sued her for $1.

Dr. Balthazar, who is 73 years old, explained that malpractice suits are "harassing the medical profession and raising the cost of medical care". To further emphasize his point, he has also sued the patient's lawyers.

Dr. Balthazar is spending his retirement years operating and financing a free clinic. He explained that the suit against him caused "great anguish" since he had dropped his million-dollar insurance policy after retiring from practice at age 70.

It is predicted that more doctors will file similar suits in an effort to reduce the rising trend of malpractice actions.

Hospital in India plans nurse anesthetist training course

The Padhar Hospital in India's central highlands is in the process of developing a nurse anesthetist training course.

The 200-bed facility predominantly serves the tribes of the Madhya Pradesh region, along with 40 other mission hospitals.

Dr. A. V. Choudhrie, consultant surgeon at Padhar, explained that there is a vast need in the area for nurses trained in anesthesia. (See "News and Views in the October issue of the AANA Journal.)

Change membership criteria for American Association of Neurosurgical Nurses

The American Association of Neurosurgical Nurses (AANN) has announced a change in membership criteria, enabling more "interested" nurses to join the group.

Previously, an applicant for membership had to spend 75% of his or her working time in neurosurgical nursing. Realizing that in many institutions such a time requirement was unrealistic, the AANN has changed its standards to include anyone who is "actively engaged in or primarily interested in neurosurgical nursing."

Editor's note: The American Association of Neurosurgical Nurses has extended an invitation to AANA members
who work as a part of neurosurgical teams to join their association. AANN applications may be obtained from Kathleen Redelman, RN; 5813 Westhaven Drive; Indianapolis, Indiana 46254.

Ohio considers BS requirement for RN licensure

The Ohio Nurses' Association is joining with the New York Nurses' Association in supporting a baccalaureate degree minimum requirement for RN licensure in their respective states.

The Ohio Nurses' Association has scheduled a special off-year meeting of its house of delegates this month to determine whether efforts should be made to get the BS requirement introduced into the state legislature, RN magazine reported.

Experiments reveal that halothane depresses clearance of mucus from airways

Results of experiments reported to the American Society of Anesthesiologists at its annual meeting indicate that halothane depresses the clearance of mucus from airways.

In a study conducted with animals by Dr. A. R. Forbes of the University of California School of Medicine in San Francisco, it was found that the rate of mucus flow up the trachea dropped off after a standard inhalation dose of halothane was given.

Dr. Forbes said that depression of this mucus clearance mechanism during anesthesia could lay the foundation for the development of postoperative pneumonia by preventing or slowing the removal of sputum and bacteria.

"If the depression from halothane slows removal of mucus from the small airways, it could conceivably result in blockage of the airway with collapsed lung tissue behind it," Dr. Forbes stated. "Further studies in patients under anesthesia would be necessary to substantiate this, however."

letters

(continued from page 137)

To the editor:

I was delighted to read Dr. Paul Feldstein's "The Market for Anesthesia Services: Some Estimates and Recommendations" in the December, 1975, issue of the AANA Journal. It is this type of research and interest which is needed in the rapidly changing medical, economical, and politically integrated society we now serve.

His socio-economic analysis of the past and present gives us a better perspective of those issues which may very well become part of our professional lives in the future.

It is gratifying to see our national office with interests, priorities, and foresight of this nature. This kind of thinking not only helps fortify and stabilize our future, but offers solutions to complex problems as well.

KENNETH ELANDT, BSA, CRNA
Sterling Heights, Michigan
In 16 years of use in the United States, FLUOTHANE (halothane) has been administered over 100 million times in a wide variety of surgical procedures. 100 million extensive usage and evaluation that attests to FLUOTHANE as the most widely used inhalant anesthetic.

Since it was first introduced, over 4,000 papers worldwide have been published, ranging from review articles to in-depth studies. 4,000 papers... a bibliographic record of note on the most widely used inhalant anesthetic.

In a continuing program of informational services on anesthesiology, Ayerst provides printed and audiovisual aids reflecting the opinions and experiences of recognized authorities in the field. These include the highly regarded series on Anesthesia Rounds and Clinical Aspects of Anesthesiology, as well as several films of educational value—all available through your Ayerst Representative.

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...OVER 100 MILLION ADMINISTRATIONS

- nonflammable, nonexplosive
- permits use of high concentrations of oxygen
- allows free use of cautery for more adequate control of bleeding
- minimal odor facilitates smooth, rapid induction, reduces patient distress
- early obtundation of pharyngeal and laryngeal reflexes facilitates intubation
- lessens airway problems
- permits rapid adjustment of depth of anesthesia
- emergence is rapid and tranquil with quick recovery of protective reflexes
- minimal nausea and vomiting, shorter recovery room stay

See last page of advertisement for prescribing information.
FLUOTHANE®
brand of halothane
the most widely used
inhalant anesthetic
from Ayerst
for precision, experience, quality, and service

(Complete text of package circular.)

Description. FLUOTHANE, in vapor of halothane, is an inhalation anesthetic. It is 2-bromo-2-chloro-1, 1-trifluoroethane and has the following structural formula:

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F       C       C       Cl
Br     /  C    /  C    /  H
      F
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The specific gravity is 1.872-1.877 at 20° C, and the boiling point (range) is 49°-51° C. at 760 mm. Hg. The vapor pressure is 243 mm. Hg at 20° C. The blood/gas coefficient is 2.5 at 37° C, and the olive oil/water coefficient is 220 at 37° C. Vapor concentrations within anesthetic range are nonirritating and have a pleasant odor. FLUOTHANE is nonflammable, and its vapors mixed with oxygen in proportions from 0.5 to 50 per cent (v/v) are not explosive.

FLUOTHANE does not decompose in contact with warm soda lime. When moisture is present, the vapor attacks aluminum, brass, and lead, but not copper. FLUOTHANE is soluble in rubber, some plastics, and similar materials; such materials will deteriorate rapidly in contact with FLUOTHANE vapor or liquid. Stability of FLUOTHANE is maintained by the addition of 0.01 per cent thymol (w/w), and storage is in amber colored bottles. FLUOTHANE should not be kept indefinitely in vaporizing bottles not specifically designed for its use. It is recommended that vaporizers be emptied at the end of each operating day. Thymol does not volatize along with FLUOTHANE, and therefore accumulates in the vaporizer, and may, in time, impart a yellow color to the remaining liquid in the vaporizer. The development of such discoloration may be used as an indicator that the vaporizer should be drained and cleaned, and the discarded FLUOTHANE (halothane) discarded. Accumulation of thymol may be removed by washing with diethyl ether. After cleaning a Wick or vaporizer, make certain all the diethyl ether has been removed before reusing the equipment to avoid introducing ether into the system.

Actions. FLUOTHANE is an inhalation anesthetic, induction and recovery are rapid and depth of anesthesia can be rapidly altered. FLUOTHANE progressively depresses respiration. There may be tachypnea with reduced tidal volume and alveolar ventilation. FLUOTHANE is not an irritant to the respiratory tract, and no increase in salivary or bronchial secretions ordinarily occurs. Pharyngeal and laryngeal reflexes are rapidly obtained. It causes bronchodilation. Hypoxia, acidosis, or apnea may develop during deep anesthesia.

FLUOTHANE reduces the blood pressure, and frequently decreases the pulse rate. The greater the concentration of the drug, the more evident these changes become. Atropine may reverse the bradycardia. FLUOTHANE does not cause the release of catecholamines from adrenergic stores. FLUOTHANE also causes dilation of the vessels of the skin and skeletal muscles.

Cardiac arrhythmias may occur during FLUOTHANE anesthesia. These include nodal rhythm, AV dissociation, ventricular extrasystoles and asystole. FLUOTHANE sensitizes the myocardial conduction system to the action of epinephrine and norepinephrine, and the combination may cause serious cardiac arrhythmias. FLUOTHANE increases cerebral spinal fluid pressure. FLUOTHANE produces moderate muscular relaxation. Muscle relaxants are used as adjuncts in order to maintain lighter levels of anesthesia. FLUOTHANE augments the action of nondepolarizing relaxants and ganglionic blocking agents. FLUOTHANE is a potent uterine relaxant.

Indications. FLUOTHANE (halothane) is indicated for the induction and maintenance of general anesthesia.

Contraindications. FLUOTHANE should be avoided when a previous exposure was followed by fever and jaundice, or when there was an unexplained postoperative fever.

FLUOTHANE is not recommended for obstetrical anesthesia except when uterine relaxation is required.

Warnings. FLUOTHANE should be used in vaporizers that permit a reasonable approximation of output, and preferably of the calibrated type. The vaporizer should be placed out of circuit in closed circuit rebreathing systems; otherwise overdosage is difficult to avoid. The patient should be closely observed for signs of overdosage, i.e., depression of blood pressure, pulse rate, and ventilation, particularly during assisted or controlled ventilation.

Usage in Pregnancy: Safe use of FLUOTHANE has not been established with respect to possible adverse effects upon fetal development. Therefore, FLUOTHANE should not be used in women where pregnancy is possible and particularly during early pregnancy, unless, in the judgment of the physician, the potential benefits outweigh the unknown hazards to the fetus.

Precautions. The uterine relaxation obtained with FLUOTHANE, unless carefully controlled, may fail to respond to ergot derivatives and oxytocic posterior pituitary extract.