EDITORIAL

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Political Poison: Pound Foolishness

In the past several months, I've written about the difficulties many emergency departments have been experiencing as a result of hospital closings, scarce resources, and restrictions on residents' clinical hours and activities. But sometimes you can get so caught up in your own immediate concerns that you don't notice the passing of an old friend. Such was the case at the end of December when New York State closed the Long Island Regional Poison and Drug Information Center (LIRPDIC) and two more of its five regional poison control centers in a round of budget cuts. For most of its 54 years, the LIRPDIC was headed by the legendary Howard Mofenson, MD (see EM editorial, May 2007), and, in more recent years, by the very able Michael McGuigan, MD. Both were aided in uncountable ways by Tom Caraccio, PharmD, and a very dedicated group of certified poison information specialists from Long Island.

If I considered the NYC Poison Control Center a professional home for many years, the LIRPDIC was my home away from home. Responding to 50,000 calls a year and managing the majority of its pediatric cases without recommending trips to the ED, the LIRPDIC served 4 million residents and visitors of Nassau, Suffolk, and Westchester counties. Though it is too early to tell if the state's two remaining poison centers in NYC and Syracuse will be able to adequately handle the additional calls they now must manage, one thing is certain: the many community and health care professional outreach programs that the three closed centers conducted are now gone and cannot be replaced by the two remaining centers.

New York is not the only state to sacrifice its poison centers in balancing its budget, and at least one state has reopened its closed centers after experiencing the increased costs described below. But now, most of the nation's 57 poison centers also face the danger of closing if a US House of Representatives budget proposal is passed that will eliminate almost all federal funding of poison centers—about 20% of the PCs' annual budgets.

If the reasoning behind the funding cuts is that poison information is now readily available to everyone on the electronic "information highway," that reasoning does not consider that a parent or guardian dealing with a child after an exposure will not have the time or presence of mind to find, read, and understand the information when it is most needed. Moreover, few, if any, emergency physicians on duty—even those who are also toxicologists—have the time to obtain detailed information about an exposure over the phone and then ensure the necessary follow-up phone calls to permit safe management at home. Instead, a trip to the ED will almost certainly be recommended. Clearly, any immediate savings realized from closing poison centers will be wiped out by the increased costs of ED visits.

But legislators do not typically include estimates of future costs in trying to close current budget gaps. So, considering the percentage of time PCs spend on calls involving pharmaceuticals and commercial products such as household cleaners and pesticides, another way to fund the centers would be a very modest sales tax—pennies per product—that could probably cover the entire cost of maintaining the nation's poison centers. The state and federal governments, however, should not be let off the hook, because the nation's poison control system is essential to our preparedness for man-made and some natural disasters, and preparedness is the responsibility of government.

Should poison center funding be fully restored soon, there may still be time to resuscitate the LIRPDIC and other recently deceased centers, or at least leave their poison center heirs a highly valued legacy. **EM**