POLICY & PRACTICE

Egg-Donor Pay Less than $5K

Despite some advertisements offering $25,000-$50,000 for egg donations, a new national survey finds that the average compensation for an egg donor was $4,216 among clinics affiliated with the Society for Assisted Reproductive Technology (SART). The results are based on a survey of SART clinics conducted last year and published in the May issue of Fertility and Sterility. The highest payments were in the East, Northeast, and West, with the average compensation in those regions at about $5,000. However, some clinics reported much higher levels of compensation. One clinic in the West reported a maximum payment of $15,000 and two programs in the East/Northeast region reported payments as high as $10,000. The survey was completed by 207 of the 394 SART clinics; 16 of the responding clinics did not have an ovum donor program. In 2000, the American Society of Reproductive Medicine's ethics committee issued a position paper on financial incentives for oocyte donors which stated that compensation of more than $5,000 requires justification and payments of more than $10,000 are not appropriate. "As physicians, we want to help our patients get the therapies they need to overcome their infertility," Dr. David Grainger, SART president, said in a statement. "But we also need to assure them we are following the highest ethical standards while providing that care."

Contraceptive Coverage for Oregon

With Gov. Ted Kulongoski's signature on a new piece of legislation, Oregon joined more than 20 other states in requiring coverage for contraceptives by employee health insurance plans. The new law, which will go into effect Jan. 1, 2008, exempts certain religious employers from the requirement. The law also requires hospitals to inform victims of sexual assault about the availability of emergency contraception and requires hospital staff to provide it upon request. "This fight is fundamentally about women being able to make the best health care decisions for themselves and their families," Gov. Kulongosk, a Democrat, said in a statement. "With the signing of this bill into law, we continue our ongoing work to expand personal freedom and offer women full equality in our society."

Stem Cell Victory in California

The California Supreme Court last month cleared the way for the state to use bond funding to pay for a large-scale stem cell research initiative. The state's highest court refused to hear an appeal challenging the constitutionality of Proposition 71, the 2004 ballot initiative that called for spending $3 billion for stem cell research. The California Institute for Regenerative Medicine, the state agency that is managing the initiative, has already issued $158 million in grants financed through state loans and private funds. With the Supreme Court action, the agency can now pay back those loans and move forward with the next round of funding.

Gender Differences in Care

Women with heart disease and diabetes are less likely to receive several types of routine outpatient care than are men who have similar health problems, according to a Rand Corporation study published in the May/June edition of the journal Women's Health Issues. Researchers studied more than 50,000 men and women, examining 11 different screening tests, treatments, or measurements of health status. Among people in commercial plans, women were significantly less likely than were men to receive the care evaluated in 6 of the 11 measures, while women enrolled in Medicare managed care plans were less likely to receive the care evaluated in 4 of the 11 measures. The largest disparity found by researchers was that women were less likely to lower their cholesterol to recommended levels after suffering a heart attack or other acute cardiac event, or if they had diabetes.

U.S. Scores Last on Health Care

The United States again ranked last among six nations studied by the Commonwealth Fund on health access, safety, efficiency, and equity measures of health care, the Washington think tank reported. The study, "Mirror, Mirror," draws on survey responses from primary care physicians and from data from the Commonwealth Fund Commission on a High Performance Health System scorecard, and pits the U.S. health system against those in Australia, Canada, Germany, New Zealand, and the United Kingdom. The United States outperformed all other nations on preventive care delivery but lagged behind on health care information technology and on coordinating chronic disease care. In addition, U.S. patients were more likely than were their peers to forgo treatment because of high costs, the study found.

Adults Disregard MDs' Orders

Forty-four percent of U.S. adults say they or an immediate family member have ignored a doctor's course of treatment or sought a second opinion because they felt the doctor's orders were unnecessary or overly aggressive, according to a survey. Most adults reported that they didn't view disregarding a doctor's recommendations as problematic or consequential. Only 1 in 10 adults who chose to disregard a physician's instructions at some time believes that he, she, or a family member experienced problems because of this decision. The survey, conducted by Harris Interactive for the Wall Street Journal Online's health industry edition, also found that a large majority of adults think patients who have medical conditions often experience problems because of overtreatment as well as undertreatment by medical providers.

—Mary Ellen Schneider

CLINICAL PEARLS

Hand Me the Dinosaur Cream

BY BRUCE L. FLAMM, M.D.

I'm pleased to report that transcription bloopers continue to roll in. Dr. Angela Anderson of Decatur, Ill., sent this blooper-ridden progress note: "Complains of burning and itching. She saw a doctor yesterday who prescribed dinosaur cream. States she is not been sexy active for 2 months and her last ventral period was the first week of October." Could a transcriptionist actually type, "dinosaur cream" and think this is right? And "she is not been sexy active" sounds like a line from the infamous movie star Borat.

Now for some pearls from an expert in laparoscopic surgery who has taught me many tricks in the operating room, Dr. John Kennedy of San Diego.

Blood Always Runs Downhill

When cauterizing a bleeding site, many doctors start at the bottom of a moist area and work up toward the top. However, Dr. Kennedy points out that blood always runs downhill. In an open case, a dab with a sponge will make this fact clear. In a laparoscopic case, the bleeding point may not be so easy to demonstrate but a quick burst with the cautery at the top of a trickle will often solve the problem. This is safer than blindly cauterizing anything and everything that looks red.

Good, Better, Oops!

This is Dr. Kennedy's version of the old adage, "the enemy of good is better." A prime example is what some doctors do when a little bleeding is noted along the incision line after closing the uterine incision during a cesarean section. To stop the bleeding, the doctor places another stitch and everything looks great until a tiny, almost microscopic, speck of blood appears. Rather than just holding a sponge on the site for a moment to allow the platelets to work, the good doctor can't resist the temptation to place yet another stitch. As he or she plunges the needle into the uterus, the tiny speck of red suddenly becomes a gush of blood. Good, better, oops!

Err on the Medial Side

When transecting a vascular pedicle during a laparoscopic hysterectomy, several contiguous burns are done and then the pedicle is cut. Rather than cutting exactly in the middle of the cauterized area, Dr. Kennedy recommends cutting more toward the medial side. This leaves more cauterized tissue on the "live" side of the pedicle. Why do this? Because a little back-bleeding from the uterus is far less worrisome than blood pumping from a uterine artery.

Don't Probe for Bleeders

During laparoscopic cases, a small amount of bleeding is often noted from pedicles or raw areas. Shoving a blunt probe or another instrument into these areas can make matters worse. Instead, try a little cautery at the top of the trickle or a gentle stream of irrigation to pinpoint the bleeding source. ■

DR. FLAMM *is clinical professor of ob.gyn. at the University of California, Irvine, and a practicing ob.gyn. at the Kaiser Permanente Medical Center in Riverside, Calif.*

Send Us Your Clinical Pearls!

Please include your name, affiliation, and phone and fax numbers. Mail to:

Dr. Bruce L. Flamm
Kaiser Permanente
10800 Magnolia Ave.
Riverside, CA 92505

Or send them by fax to 909-353-5625 or by e-mail to bruceflamm@aol.com.

EMRs Help Hospitals Target Smokers

WASHINGTON — Adding a smoking cessation component to electronic medical record systems improves the likelihood that hospitalized individuals with a history of smoking will receive cessation counseling, according to study results presented at a conference sponsored by the National Patient Safety Foundation.

Because hospitalization forces patients to temporarily abstain from smoking, identifying smokers when they are hospitalized with other illnesses may help them to quit, Dr. Vikram Verma wrote in a poster.

Dr. Verma and colleagues at Kings County Hospital Center in Brooklyn, N.Y., reviewed 420 patient charts during the 6-month period prior to adding a smoking cessation component to the electronic medical record (EMR). The researchers identified 62 smokers (15%). Of these, 24 (39%) received nicotine replacement therapy and 29 patients refused NRT. For the other nine, the smoking cessation issue remained unaddressed.

The EMR included a mandatory "tobacco evaluation" field to guarantee that the smoking status was assessed in all patients. In addition, an electronic inpatient admission order with a reminder to prescribe transdermal NRT appears in the records of all patients who smoke, and any patients who are "positive" in the smoking history field are automatically referred to a smoking cessation counselor.

During the 6-month period after adding the smoking cessation field to the EMR, the researchers identified 85 smokers when they reviewed another 420 patient charts. The issue of smoking cessation was addressed in 100% of those patients, although only 20 (24%) were receptive to NRT and 65 (76%) refused NRT.

—Heidi Splete