Polymedicine is a very real hazard for the elderly. Increasing longevity and a burgeoning geriatric population have led to an even greater use of drugs in that age group. It is imperative for all physicians who treat elderly patients to determine exactly which drugs they are taking. And we must not disregard over-the-counter medications; they are not always as innocuous as they may appear.

GEORGE W. NORTHUP, D.O., FAAO

Don't throw out the baby

In the mad and sometimes maddening rush to achieve cost containment, we are being cajoled into abandoning some medical procedures that do not appear to be cost effective.

Yet in the same breath, we are being urged to practice preventive medicine, diagnose disease in its earliest stages, and institute appropriate treatment at the earliest possible moment.

Take, for example, the "routine" chest x-ray. Many studies have demonstrated that the yield of positive results is relatively low and that most routine chest x-rays are normal. This statement is not challenged. But it should be pointed out that the negative x-ray and laboratory tests that have findings within normal ranges have a very beneficial effect. They help to establish the appropriate diagnosis while reducing patient anxiety. What patient wouldn't be relieved by the fact that his or her routine chest film revealed no evidence of arthritis, cell tissue calcification, infection, or malignancy?

Routine examinations perform a separate, rarely mentioned function. In many cases, early discovery makes a big difference in the final outcome. And there lurks the spectre of the neighborhood trial lawyer, ready to ask the defendant this question before a jury: "Do you mean to say that you did not even take a chest x-ray?"

The saddest thing about this whole affair is that with such an emphasis being placed on cost containment, the quality of medicine has nowhere to go but down. (Already, malpractice suits have been filed in cases in which patients have been electively discharged too soon because of DRG regulations.) Unless sanity increases, the quality of medical care will deteriorate. It is the patients who will suffer.

While we are throwing out the bathwater of medical care costs, let us be sure that we do not throw out the baby of quality health care.

GEORGE W. NORTHUP, D.O., FAAO

editorial comment

All-terrain vehicles (ATVs or three-wheelers) are not the harmless mode of transportation that the public has been led to believe. More than 27,000 ATV injuries occurred in 1983, for example. The March issue of *Pediatrics* focuses on 5 accidents that resulted in death or paralysis in children, with all of the victims 18 years old or younger.

There are currently few restrictions on ATV use. The authors of the study urge the federal government to adopt age limits, speed limit and road restrictions, appropriate driver's training, and safety mandates such as the use of helmets and protective clothing.

A new study confirms what has long been suspected—hospitals with good cooperation among staff members outperform hospitals where physicians and nurses frequently disagree.

Researchers at The George Washington University Medical Center studied the treatment course of over 5,000 intensive care patients in 13 hospitals across the country. All hospitals had similar technical capabilities, but differed in organization, staffing, and commitment to teaching, research, and education.

Results showed that staff interaction and coordination, rather than the amount of technology used, improved patient outcome. Interestingly, study results suggested that some large, teaching hospitals do not provide as high a quality of care as do other smaller, nonteaching institutions. The complete study appears in the March 1986 issue of *Annals of Internal Medicine.*

The massive public attention given to AIDS has generated misinformation as well as knowledge about the disease. Some of the rhetoric has seriously alarmed blood donors and has curtailed their willingness to give blood.

The American Association of Blood Banks has now countered with the publication of educational materials on AIDS. The series of brochures explain the necessity of the volunteer blood program, describe the safety measures taken before each blood donation and transfusion, and assist physicians with informing their patients about the risks and benefits of transfusions. A 10-minute videotape is also available. The materials are designed for the public, blood donors, patients, and physicians.

continued on page **277**/48