from the President



Every day, blood and blood components are necessary to keep Texas Medical Center hospitals up and running. On any given day, a total of 2,000 units are used. It doesn't take long to realize how quickly this supply can be exhausted.

For example, a trauma patient can use several hundred units while in the emergency room; a bleeding ulcer can use as much as 30 units; cardiovascular surgery will use anywhere from two to 25 units; and a liver transplant patient may require as many as 200 units.

In just one week, a major medical center, such as our own, will transfuse 508 units of red blood cells, 401 units of plasma and 576 units of platelets. Beneficiaries of these procedures may include approximately 125 adults, 10 children and 10 infants. In total, Texas Medical Center facilities account for about 55 percent of red blood cell usage, with the rest going to other area hospitals.

Currently we are facing a critical blood shortage – one of the most critical in our history. The consequences of a blood supply shortage are that elective surgeries may have to be postponed, and emergency trauma care and other large blood-using procedures may be compromised. This situation is unacceptable. We are in great need of community support to help bring the blood supply to an acceptable level.

"... we now need to make the extra effort to reach out to new donors and encourage them to become regular, repeat donors every eight weeks. The need for blood and blood components is a year-round, daily effort."

Every day people just like you save thousands of lives simply by donating a unit of blood and 45 minutes of time. But we need more participation. Blood levels are so low, that in order to maintain an acceptable level, without any surplus, 800 units are needed every day in the Greater Houston area. As the need grows, the potential donor pool decreases with each new test required and each new restriction imposed. Approximately a dozen tests are performed on every unit of blood collected. New "mad cow" disease restrictions that became effective in April have ruled out even more possible donors. These increasing numbers of tests and restrictions are meant to protect the nation's blood supply. But due to these guidelines, we now need to make the extra effort to reach out to new donors and encourage them to become regular, repeat donors every eight weeks. The need for blood and blood components is a year-round, daily effort.

The Texas Medical Center community can potentially make a great impact on this grave situation. With 61,041 employees, 16,547 students and 140,000 visitors, imagine the difference it would make if everyone donated just one unit. Every drop is life giving. Remember – it may be you or a loved one who depends on an adequate blood supply.

Dr. Richard E. Wainerdi is president and CEO of the Texas Medical Center and publisher/editor of Texas Medical Center News.

The Legacy of Pain

One Professional's 20-Year Perspective

By KATHLEEN CHARTER
Texas Medical Center News

A pain professional with Texas Medical Center ties has spent two decades recognizing, studying and treating pain, both as a symptom and a disease.

Richard Patt, M.D., president and chief medical officer at the Patt Center for Cancer Pain and Wellness, was the guest presenter at the July 25 meeting of the Texas Medical Center's Pain and Palliative Care Grand Rounds. An anesthesiologist by trade, Patt practices the art of pain management as a clinician, investigator, educator, author, advocate and consultant. In conjunction with several Texas Medical Center institutions, including St. Luke's Episcopal Hospital's Cancer Institute, The Methodist Hospital and The University of Texas M.D. Anderson Cancer Center, he has collaborated with some of the best pain practitioners in the world.

Twenty years of experience have led him to many observations in the pain field, which he shared with the Grand Rounds participants.

"Pain is everybody's business and nobody's business," Patt said.

He cited pain as the second most common reason for medical consultations, and historically, it is those without a formal education who are seeking relief.

"Pain," said Patt, "is one of the few fundamental disorders for which there is no cure."

Physicians without specialized pain training tend to view patients seeking pain relief as anomalies, he said. When in reality, these patients are victims, and physicians sometimes fail to treat pain as a medical disorder.

"When symptoms are truly chronic, it isn't surprising to observe illness behavior," Patt said.

He added that it's not helpful when physicians don't feel accountable toward patients who know when something is wrong with their bodies, and want to identify the pain source in order to get some relief. He said patients who have been studied and restudied become conditioned, and are stunned by all the "shuffling" – from primary care physicians to various other specialists, and often back again.

"This leaves patients feeling abandoned, hopeless, helpless, anxious, narcissistic, and viewed as hypochondriacs," Patt said.

At the same time, Patt said, there is a legacy of distrust. Patients often experience "white-coat hypertension," and fear the "Dr. Jekyll and Mr. Hyde" treatment. On the other hand, physicians treating pain have a fear of being fooled by patients, some of

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