

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. Wainardi 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 aban-

doned, 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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Pain

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whom are addicts experiencing disproportionate suspension and rage.

This leads to what Patt calls the "Legacy of Just Plain Misery."

"How can we be expected to tend to others when we're miserable ourselves?" he asked. "When there are other circumstances happening in our lives outside of work, we can't expect that it won't affect us on the job."

He said patients only accept what they see – longer waits, less time with the doctor, and increased fees. They don't comprehend all that goes on behind the scenes.

From his 20-year perspective, Patt views good medical practice as an art. He said it is the ability of applying the analysis of benefits and risks. The "art" is viewed in broad, longitudinal context, within culturally appropriate constraints. Also that patients should be given all treatment alternatives, including no treatment.

"Physicians should not goad vulnerable patients into blindly accepting procedures," Patt said.

He said there has always been a legacy of questionable practice – undertreatment versus overtreatment. Because many physicians have prescription phobias, inadequate pain treatment has become normal.

"This is bad medicine," he said.

What Patt learned really works to treat patients with pain is common sense, good communications skills, attention to details, good self care, applying the Golden Rule, and remembering the task at hand.

"Life is messy, not a textbook," Patt said. "Every patient is different, and should be treated accordingly."

On another note, the "Living with Chronic Pain" conference will be held next March. It has been confirmed that they keynote address will be given by "Patch" Adams, the physician who wears a red, rubber clown nose to entertain both pediatric and adult patients, and made famous in 1998 when Robin Williams

brought his story to the big screen.

The last two meetings of the 2002 Pain and Palliative Care Grand Rounds will have a change of venue. They will be held Thursday, Sept. 26 and Thursday, Nov. 21 at the new John P. McGovern Texas Medical Center Commons building, located at 6550 Bertner Ave. Meeting times will be from noon to 1:30 p.m., and lunch will be provided. For more information about the Pain and Palliative Care Group, contact Lori Nelson in the Texas Medical Center Executive Offices at (713) 791-8800, or nelson@texmedctr.tmc.edu. ■

Blood Supply

(Continued from page 1)

of their acceptable minimum inventory earlier this month.

"Because blood banks throughout the Houston network share blood, the problem isn't localized to any area of town," she said. "If any one hospital is short, we're all short."

"We're reviewing and re-evaluating every request for blood and looking at rescheduling elective surgeries," she continued. "Unfortunately, the majority of transfusions are given to individuals whom we can't anticipate will ever need blood, such as trauma patients and patients with undiagnosed bleeding disorders."

Hartwell said that while only five percent of the general population

donates blood, more than 95 percent of the population will need a blood product by age 72.

"It's completely safe and relatively painless to give blood and you can donate in less time than it takes to go out for dinner – about 30 to 45 minutes," she said.

Houston Mayor Lee P. Brown also urged local support.

"I am strongly encouraging Houstonians to donate blood right away, and asking those who are not already blood donors to become donors," he said. "The best way to avoid a blood shortage crisis is to have an ongoing adequate supply of blood received from regular donations. In Houston, we should not have to make urgent calls for blood donations. When the blood supply reaches these dangerously low lev-

els, surgeries are cancelled and already strained hospital emergency care is further compromised."

The Blood Center, along with hospitals throughout the region, continues its call for all eligible blood donors to take time from their summer schedules to donate blood. The Blood Center operates 11 fixed blood-donor facilities. Consult <http://www.giveblood.org> for specific locations. Eligible blood donors must be 17 years of age, weigh a minimum of 110 pounds, and be in good health.

Donors may also contact any of

the following institutional participants in the regional blood program for locations and hours of operation:

Gulf Coast Regional Blood Center
(713) 790-1200 or 1-888-482-5663

The Methodist Hospital
(713) 441-3415

St. Luke's Episcopal Hospital
(832) 355-4483

The University of Texas M.D. Anderson Cancer Center
(713) 792-7777

The University of Texas Medical Branch, Galveston
(409) 772-4861 ■

Giving the "Gift of Life"

Facts About Donating Blood

- Donating one unit of blood can help save the lives of at least three people.
- A unit of blood is transfused every 1.3 seconds.
- Only 3 percent of the eligible population donates blood.
- AIDS or other diseases can't be contracted by donating blood.
- All supplies used for each donation are sterile, disposable and used only once.
- The average adult has the equivalent of one pint of blood for every 25 pounds.
- The entire process for donating whole blood takes 30 to 45 minutes.
- Whole blood can be donated as often as every eight weeks.
- Whole blood consists of three primary components: red blood cells, platelets and plasma.
- Red blood cells, which carry oxygen from the lungs to the other parts of the body, must be trans-

fused within 42 days of donation.

Platelets, which aid blood's ability to clot, must be transfused within five days of donation.

Plasma, which contains proteins to control bleeding and keep organs functioning properly, must be frozen fresh within six hours of donation and may be stored up to one year.

After blood is donated and before transfusion preparation, it goes to the Gulf Coast Regional Blood Center's laboratories for at least a dozen tests mandated by the Food and Drug Administration.

Blood donated to the Gulf Coast Regional Blood Center serves more than 225 hospitals and health care institutions in 21 counties in the Gulf Coast region.

— The Harris County Medical Society and the Gulf Coast Regional Blood Center

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