

Swine Flu Spreads Long After Fever Stops

When the coughing stops is probably a better sign of when a swine flu patient is no longer contagious experts said after new research suggests that the disease can still spread many days after a fever goes away.

“This study shows you’re not contagious for a day or two. You’re probably contagious for about a week,” said Gaston De Serres, a scientist at the Institute of Public Health in Quebec. He presented the findings at a conference of the American Society for Microbiology, the first large meeting of infectious disease experts since last year’s emergence of the swine flu.

It is unclear whether the new research will change the CDC’s advice about how long people with swine flu should stay away from school and work. CDC’s flu chief Nancy Cox said long breaks from school and work do not seem worth it for a virus that now seems to cause mostly mild illness. “We have tried to have our guidance balance out all of these factors,” she said. “It’s just virtually impossible not to have virus introduced into settings such as schools and universities.” (Associated Press, Sept. 14, 2009)

Support Dips for Abortion Rights

A poll by the Pew Research Center shows that support for abortion appears to have declined a bit, with the public now almost evenly divided over the issue. A Pew poll the previous year found that those who favor keeping abortion legal outnumbered others by 54 to 40 percent.

The shift occurred in varying degrees among diverse demographic groups –

women and men; Republicans, Democrats and independents; Protestants, Catholics and Jews; whites and Hispanics. There was no change among blacks and people with no religious affiliation.

“The size of the shift is modest, but the consistency with which we see it occurring and the implications it has for the overall dynamics of the debate make it significant,” said Gregory Smith, a senior researcher at the Pew Forum on Religion and Public Life, who worked on the poll.

The survey did not find reasons for the shift in opinion. But researchers pointed out it took place since the election of President Obama, who supports abortion rights but speaks about the need to reduce the number of abortions. (*NYTimes.com*, Oct. 1, 2009)

Drug Production Is Driven By Market, Not Ethics, Says Vatican Official

A top Vatican official said production of urgently needed medicines is no longer driven by traditional medical ethics but by money. The lack of basic, life-saving medicines means the world risks a “humanitarian and global health care disaster,” said Archbishop Zygmunt Zimowski, president of the Pontifical Council for Health Care Ministry.

The archbishop also highlighted the problem of fake or counterfeit drugs, antibiotics and vaccines in developing countries. He said the World Health Organization estimates that in many parts of sub-Saharan Africa, Southeast Asia and Latin America, more than 30 percent of all medicines are counterfeit. In addition, at least 50 percent of anti-malarial drugs sold in Africa are fake.

(Catholic News Service, Sept. 14, 2009)

Better Way Needed To Disclose Conflict of Interest

Investigators and others responsible for the oversight of clinical research should improve the process for disclosing industry ties to potential study participants. Patients might not be able to understand the nature or implications of certain financial relationships, necessitating further measures according to Jeremy Sugarman, MD, MPH of the Berman Institute of Bioethics at Johns Hopkins, in an article in the Aug. 27 issue of the *New England Journal of Medicine*.

Sugarman and colleagues made five major recommendations about handling conflicts of interest in clinical research:

- Study participants should not be the only ones deciding about financial relationships. Institutional review boards, conflict-of-interest oversight committees, and other authorities need to be more involved.
 - Disclosure forms should be neat and simple, allowing for questions from patients.
 - Equity interest among investigators should be limited – if not avoided.
 - Study coordinators should be more aware of financial relationships so they can field patients’ questions.
 - Those overseeing conflicts should have explicit goals and design disclosure statements to achieve them.
- (*MedPage Today*, Aug. 26, 2009)

Mandatory Flu Shots Hit Resistance

With the H1N1 pandemic spreading rapidly, doctors, nurses, orderlies and other health care workers in several parts of the country are being required for the first time to get flu shots. Although public health groups support the move, there is opposition from some employees, unions and other critics of mandatory vaccination.

William Schaffner, president-elect of the National Foundation for Infectious Diseases, said the “move is motivated solely by the dismal number of health care workers who get vaccinated each year, which frankly is appalling.”

Only about one-half of health care workers typically get flu shots, even though their patients tend to be more vulnerable to infection and potentially life-threatening complications. Concern is spiking this year because of the H1N1 virus.

Critics say the decision to get vaccinated should be individual, especially for the swine flu vaccine, which was rushed into production. The drive is fueling anti-government sentiment and Internet rumors that the vaccine may be compulsory for everyone.

“There continues to be information circulating that somehow this vaccination campaign is mandatory. It is not, it is voluntary, Health and Human Services Secretary Kathleen Sebelius said. “Our guidance is this is a voluntary vaccine.” (*Washington Post*, Sept. 26, 2009)

Medical Debate Rages Over When Premature Babies Should Be Saved

Experts at the Nuffield Council on Bioethics in England provoked an outrage nearly three years ago when they published guidelines advising physicians not to resuscitate premature babies born before 22 weeks in the womb. Medical intervention should only be given if the parents request it, following a thorough discussion about likely outcomes.

A recent study on the survival of premature babies shows that just 16 percent survive at 23 weeks of pregnancy. This statistic has barely budged in a decade. Given the poor odds, some ethicists and pediatricians say that using procedures like ventilation on babies of even lower gestation who have poorly developed lungs and weak major organs can amount to “cruel experimentation.” Forty percent of babies born before 26 weeks are likely to have significant disabilities such as cerebral palsy.

Low odds may not matter to many parents who are desperate to give their child any hope of survival. In grave matters of life and death, sensitive conversations are essential, however difficult. (*Telegraph.co.uk*, Sept. 6, 2009)

Nota Bene

The Center for Health Law Studies at Saint Louis University School of Law contributed the following items to this column. Amy N. Sanders, assistant director, Center for Health Law Studies at Saint Louis University, supervised the contributions of health law students Phillip Terrell and Gregory Barr.

Medicare Pay-For-Performance Completes Trial Run; Nationwide Implementation Debatable

Data from a Medicare pilot study of selected hospitals in 2003 and 2007 show that financial incentives can motivate quality improvements in health care services. Bonuses totaling \$12 million will be distributed to 225 hospitals which scored higher across 30 quality measures. Improvements included a 23.3 percent increase in the rate of vaccination and administration of antibiotics for pneumonia as well as reducing deaths from heart attack by 4,700. The American Hospital Association (AHA) looks favorably on the results, but urges caution about a nationwide rollout due to the effect of the economic downturn on health care providers: “There are costs involved every time you beef up a program,” said Beth Feldpush, AHA senior associate director for policy. It is worth noting that many study participants tended to be highly motivated and willing to make significant capital outlays to achieve bonuses, which as the program is currently structured, are financed by other hospitals’ poorer or stagnating performance and resultant loss in funding. Sen. Max Baucus (D. Montana) is interested in adding a

“pay-for-performance” program to the health reform bill being marked up in Congress. (*The Wall Street Journal*, Aug. 17, 2009)

Readmissions: Who’s Really In Control?

For quality and finance managers, hospital readmissions, particularly among the Medicare population, have taken center stage with plans by the Centers for Medicare and Medicaid Services (CMS) to penalize hospitals whose readmission rates are in the top quartile relative to other Medicare-participating institutions. An estimated \$12 billion is spent each year on “potentially preventable” readmissions according to the Medicare Payment Advisory Commission. Some readmissions are due to the nature of illnesses experienced by the Medicare population in general. In other instances, hospitals with a high Medicare payer mix have limited or no reimbursement for the type of care management designed to prevent patients, most notably heart failure patients whose readmissions are most closely scrutinized by the CMS, from needing to return for inpatient treatment. Some people argue that providers lack a financial incentive to prevent such readmissions due to their positive impact on cash flow. Other institutions know how to deal with the problem, but “[cannot] come up with a business model that could afford it,” said Dr. Harlan Krumholz, lead author of a Yale pilot study related to mitigation of heart failure readmissions. (*The Wall Street Journal*, July 28, 2009)

Associations Voice Opinion Supporting Broad Limits on False Claims Whistleblowers

In September, the American Hospital Association, American Health Care Association, Pharmaceuticals Research and Manufacturers of America, and the United States Chamber of Commerce filed a joint amicus brief in support of an argument finding that the False Claims Act’s public disclosure bar on actions derived from government and media reports extends not only to federal sources, but also to *state* government agency reports, audits, and investigations. Accepted for review by the Supreme Court, the Fourth Circuit Court’s opinion interpreted the language of the False Claims Act pertaining to “a congressional, administrative, or Government Accounting Office [sic] report, hearing, audit, or investigation, or from the news media” to relate only to federal-level findings. This federal limitation was held to extend to the *entire* statute, which many find effectively makes health care organizations within states susceptible to whistleblowing initiated by those with access to state-level audits and investigatory reports, including those conducted for state Medicaid programs. “The Fourth Circuit’s construction of the public disclosure bar would lead to the anomalous result that a formal report prepared by a state Medicaid official and then widely disseminated would not trigger the public disclosure bar, while a one-paragraph article in a little-read weekly newspaper of limited circulation would,” said the amici in their brief. (*Modern Healthcare*, Sept. 14, 2009)

Microchip That Can Detect Type and Severity Of Cancer Created

A group of University of Toronto researchers say they have developed technology that can help detect the proteins that are unique to specific cancers, a find that could revolutionize cancer testing and maybe even eliminate painful biopsy surgery. As a result, prostate and other cancers might one day soon be detected within minutes, using a hand-held device and a simple urine or blood sample. Alternative applications of the device could potentially be used to diagnose and assess other cancers, as well as infectious diseases such as HIV, MRSA and H1N1 flu. The microchip is to be coupled to a computer the size of a Blackberry and can make a complete analysis in less than an hour, a vast improvement over current diagnostic procedures that generally take days. Researchers estimate that the device will be available in doctor’s offices within five years. *Science Daily* 30 Sept. 2009. 1 Oct. 2009 <http://www.sciencedaily.com/?/releases/2009/09/090928095345.htm>

President Obama Announces \$5 Billion in Health-Research Grants

President Obama announced \$5 billion in new government grants at the National Institutes of Health to fight cancer, autism and heart disease. Part of the \$787 billion stimulus package, the funds would support 12,000 existing projects and create thousands of jobs over the next two years for researchers and educators, as well as for medical-equipment makers and suppliers. More than \$1 billion would be directed to work on genetic research that could identify the causes and cures for ail-

ments ranging from heart and lung disease to blood diseases and autism. The investment includes \$175 million for the Cancer Genome Atlas to collect more than 20,000 tissue samples from more than 20 cancers, and determine in detail all of the genetic changes in thousands of these tumor samples. The cancer study involves more than 150 scientists at dozens of institutions around the country, the White House said in a statement. *The Wall Street Journal* Sept. 30, 2009.

Medicaid Enrollment, Spending Hit State Budgets, Kaiser Report Finds

A report by the Kaiser Family Foundation indicates that state budgets are straining under sharp increases in Medicaid enrollment and spending as the worst recession in decades drags on. Medicaid enrollment grew by 5.4 percent in 2009, the highest rate in six years, while total Medicaid spending growth averaged 7.9 percent, the highest rate in five years, according to the report. Thirty-three states cut or froze provider rates in fiscal year 2009. And 39 states are slated to cut or freeze rates

in 2010, according to state Medicaid officials surveyed for the report during August and September. Federal stimulus dollars eased some of the burden. Some \$87 billion is available in enhanced Medicaid matching funds through 2010. But states expressed concerns about maintaining coverage when the funding ends in 2011. The recession has shown “the challenges for states of maintaining coverage when state revenues drop during times of economic crisis,” said Diane Rowland, executive vice president of the Kaiser Family Foundation Commission on Medicaid and the Uninsured. Rebecca Vesely *Modern Healthcare* September 30, 2009 <http://www.modernhealthcare.com/article/20090930/FREE /309309955/0>

Most Babies Born Today May Live Past 100

An article in the British medical journal *The Lancet*, shows that based on current trajectories, more than half of all babies born in industrialized nations since the year 2000 can expect to live into the triple digits. Trends showed that many Western nations will have most people living past 100, with half

of all babies born in 2007 in the U.S. likely to live to age 104. “It’s good news for individuals and a challenge for societies,” said Dr. Kaare Christensen, an epidemiologist with the Danish Aging Research Center, the study’s lead author. Other researchers backed the new report’s hypothesis, “Based upon the best possible approximations, I believe they are correct in their assessment of age projections,” said Dr. Stephen Helfand, a professor in the division of biology and medicine at Brown University. “There are many significant consequences to an increase in longevity, which are obvious to most people,” said Helfand. “People living longer will change the entire demographics and, perhaps, needs of a nation.” Joseph Brownstein *ABC News Medical Unit* “Most Babies Born Today May Live Past 100: Experts Say Increased Life Span Presents New Challenges for Society” <http://abcnews.go.com/Health/WellnessNews/half-todays-babies-expected-live-past-100/story?id=8724273>