Health Scan: Reduce hospital infections

By Judy Siegel-Itzkovich

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Don't hold your breath waiting for the Treasury to allocate billions of shekels to increase the number of hospital nurses, build more isolation rooms and add thousands of hospital beds to reduce the risk of nosocomial (hospital-based) infections. The media-induced panic over deaths of very ill patients from antibiotic-resistant bacteria was not new, as half a dozen strains currently defy antibiotics.

But the US Committee to Reduce Infection Deaths (RID), established by New York State's former lieutenant governor Betsy McCaughey, gave Newsday some tips for patients who want to reduce their risk of infection inside hospitals.

• Demand that health-care providers wash their hands before treating you.

• If you're having an operation, ask your surgeon to limit the number of personnel in the operating room.

• Avoid a urinary tract catheter if at all possible. Ask for diapers, a urinal or a bedpan.

• Choose a surgeon with a low infection rate. If your surgeon won't reveal his or her rate, find another.

• One week before surgery, shower frequently with chlorhexidine soap. You can purchase it over-the-counter under the brand name He biclens.

• Before a health care provider uses a stethoscope, ask that the part placed on your chest be sanitized with alcohol.

Although many doctors and nurses are too pressed or lazy to disinfect their hands with alcohol, the fact that they can spread disease has been known for 1670 years. Ignaz Semmelweis, a Hungarian physician born in 1818 who eventually became head of Vienna's General Hospital's first obstetric clinic, noticed that the incidence of puerperal (childbed) fever could be drastically cut if staffers washed their hands. Even though his scientific articles showed women's mortality after childbirth had been greatly reduced by handwashing, the idea became accepted only years after he died, when Louis Pasteur confirmed the germ theory.

McCaughey estimates that one in every 20 patients admitted to an American hospital contracts an infection there. The US Centers for Disease Control and Prevention estimates that one million Americans a year acquiring a hospital infection, with 20,000 deaths. But McCaughey estimates even more deaths - some 100,000 annually - because some infections do not manifest until patients are released, and they die at home or in other facilities.

HADASSAH BREAST CANCER STUDY
Women with metastatic breast cancer of the type without expression for estrogen, progesterone and HER-2 receptors are invited to take part in a clinical trial at Hadassah University Medical Center in Jerusalem's Ein Kerem. The study is being run by Prof. Tamar Peretz, director of Hadassah's Sharett Institute of Oncology. The drug Erbitux, which is usually given for severe colon cancer, will be given to the breast cancer patients following reports that it can help them as well. Volunteers who would like to participate in the clinical study should call (02) 677-6725 or 677-8853 Sundays through Thursdays between 8 a.m. and 4 p.m.

HERZOG VIDEOCONFERENCING

Herzog Memorial Hospital was established in Jerusalem 1894 as a two-room center in the Old City for the mentally ill. Today, it is a 330-bed comprehensive hospital that serves geriatric, psychiatric and psychogeriatric patients, with a videoconference room as a tool for telemedicine. Using rented equipment in June 2005, Herzog Hospital doctors participated in a live international health video conference.

Since then with the assistance of the Jerusalem Rotary Club and the Rocky Mount Rotary Club of North Carolina, the hospital was able to set up a permanent videoconferencing unit that would allow it to participate in and to be the initiator of conferences.

There have now been many sessions covering a wide range of specialities with participating hospitals and universities in the region, Europe, Africa and North America.

The Canadian Rotary Committee for International Development has participated as observers. The program, with its focus on the Israeli, Jordanian and Palestinian medical communities, contributes to better understanding in the region and to the peace process.

DAMNING CASE AGAINST SOFT DRINKS

The case against sweetened soft drinks has just gotten stronger. A large systematic review reveals clear associations between consumption of non-diet soft drinks and increased body weight.

Full-calorie soft drinks are also linked with reduced intake of milk and fruit and a higher risk of type 2 diabetes. "Recommendations to reduce soft drink consumption are strongly supported by the available science," concludes the review of 88 studies. But the American Beverage Association presents a different view on its Web site: "It is not feasible to blame any one food product or beverage as being a sole contributor to obesity."

"Nobody claims there is a single cause to the obesity problem, but the existing science certainly puts soft drinks in the list of leading contributors," said review co-author Dr. Kelly Brownell, director of the Center for Food Policy and Obesity at Yale University. The systematic review appears in the April issue of the American Journal of Public Health.

Carbonated soft drinks are the single largest source of calories in the American diet, according to a 2005 report called "Liquid Candy," produced by the nonprofit Center for Science in the Public Interest. Companies annually manufacture enough sweetened soft drinks to provide more than 200 liters to every man, woman and child in the US.