

Message from Your President

The Right to Live

Extracorporeal technology as a clinical patient service . . . that is, the use of mechanical means to stimulate and perpetuate the functions of the human body . . . is a recent benefit of medical science, so recent that there are those who can argue that the application is still evolving to a truly "operational" procedure. While the veracity of such an argument hinges on your definition of "operational," it is a view which deserves consideration. A couple of examples may be of help.

Hemo-dialysis service for the chronic patient is generally operational, under any definition. Semi-weekly hundreds, who would otherwise have died, rely on the artificial kidney machine and the talents of medical technologists to cleanse their blood and allow them to live relatively normal, productive lives. Yet, the fact is that still hundreds of others die or are dying because the dialysis service they need is not available, in many cases because of economic reasons rather than technological function.

The question here would seem to focus on whether the technology can be truly operational when any consideration, even be it economic, presents an obstacle to giving the benefits of medical science to patients. It suggests, too, that there is a challenge and responsibility by all concerned . . . doctors, administrators, technologists and equipment manufacturers . . . to continue efforts to refine dialysis with a view, if for no other purpose, to reducing the economic considerations to the patient and medical science.

Oxygenation technology provides another example. Unlike chronic dialysis service, the use of the pump to perpetuate circulation is generally associated with the operating room, acute support during short term surgical procedures. However, already its application for by-pass support over longer periods of time to give a malfunctioning heart two or three days vacation is being anticipated as a routine procedure.

Here, too, obviously, the techniques must continue to evolve under the responsive interest of the medical team, including the technologist. Prolonged pump use, as an example, suggests the need for attention to such considerations as shift staffing by technologists and the resulting importance of developing records systems that will allow a team of several to review the major variable . . . the patient's physiological reactions . . . during the preceding hours on the pump.

Other examples could be cited, such as the growing importance of organ and tissue preservation with the now established surgical technique of heart transplant. The point, however, is indicated. Recent months have seen a growing debate within the medical profession and, to some extent, in the mass media. In this view, it is healthy that this dialogue is being carried on. It can and should serve as a stimulus for all, as long as the basic consideration . . . the patient's "right to live" and resulting responsibility of medical science to use every ethical means toward that end . . . is foremost in the minds of all.

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