



Adult Acute Care

Bulletin

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Adult Acute Care
Section Survey

American Association
for Respiratory Care

Notes from the Chair

by Nick Widder, RRT

As 2002 has gotten underway, I have been busy planning for the remaining years of my term as your section chair. Thanks to all of you, I have been seated on the AARC Board of Directors for a four-year term. While four years (and 12 board meetings) seems like a long time, it is actually a short time to accomplish all of my charges.

To ensure success, I will need assistance from you, the members of the section. One of my many charges is to develop committees to assist with nominations (for both chair-elect and Specialty Practitioner of the Year), membership and programming for the International Congress. While the section has already made programming recommendations for the 2002 Congress, it is never too early to start brainstorming for the next meet-

ing. I would like to get an early start on the 2003 Congress by setting up a programming committee as soon as possible.

If you would like to serve on any of these committees, or if you simply have questions or concerns to raise with the section, please contact me at the addresses/numbers listed on page 2. If you are sending an email, please note in the subject line how you would like to assist the section. If you are sending a fax, please make sure you send it to my attention, so it does not get lost in the plethora of papers that make it to my employer's office.

I look forward to continuing to serve you, the section members, for the remainder of my term. And remember: all assistance will be cheerfully accepted! ■

A Tale of Two Asthmatics: Teddy Roosevelt and Che Guevara . . . or Today's Wheezer is Tomorrow's Caesar

by Jeff Whitnack, RRT

Awhile back I finished reading two biographies. One, *TR, The Last Romantic*, by H.W. Brands (Basic Books), covered the life of Theodore Roosevelt. The other, *Che, A Revolutionary Life*, by Jon Lee Andersen (Grove Press), focused on Ernesto "Che" Guevara. Roosevelt was the 26th president of the United States, serving from 1901-1909. Che Guevara was an Argentinean revolutionary who became Fidel Castro's right hand man in Cuba.

Both men had severe childhood asthma, and the books provide a rather unique view of how their struggles to conquer their asthma had "spillover" effects — both on their personalities and on history in general.

Teddy and Che both had very severe asthma when they were children. Che's whole family was consumed with it, and Teddy's father had to constantly comfort him. From Brands' book: "In Teddie's case the attacks came at intervals lasting from several hours to several days or even weeks. They were terrifying; try as he might to breathe, he couldn't get enough air. He gasped and wheezed and

choked, not knowing whether each frantic gasp might be his last. And when the attacks finally eased, he lay sweat-soaked, trembling and exhausted, torn between relief at having survived and dread at the thought of the next such encounter." The cures in TR's time ranged from opium and the blackest of coffee to giving the child a cigar to smoke.

In response to such life-threatening asthma episodes, both men seemed to have developed in many parallel ways. For example, as children, each stubbornly strove to counteract the effect of asthma on their physical bodies. TR called it "remaking the body." From Brand's book: ". . . father one day summoned Teddy and said, 'Theodore you have the mind but not the body, and without the help of the body the mind cannot go as far as it should. You must make your body. It is hard drudgery to make one's body, but I know you will do it.'"

"I'll make my body," Roosevelt vowed.

"So began a course of physical exercise

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that continued for the rest of Roosevelt’s life,” Brand writes. “He lifted weights, practiced gymnastics . . . took lessons in wrestling, rode horseback, hiked, climbed, swam, rowed and generally engaged in every form of physical activity imaginable, in hot weather and cold, rain and shine, days and sometimes far into the night.”

Later TR’s friends were constantly amazed at his stamina and will power. He was not a gifted athlete but seemed to enjoy pushing his limits for the sheer goal of doing so. Once TR went on a guided hunt, and the guide said that after undergoing conditions that would have led other customers to ask for their money back, Roosevelt was anxious for more.

At an early age Che was known as a fearless rugby player. From Andersen’s book: “His asthma had come to symbolize the malignant shackle of heredity that he was in the process of rejecting. He wished to form a new identity, to reforge himself as a revolutionary, to vanquish once and for all the limitations he had been born with.” From a letter to his parents: “Now the willpower that I have polished with an artist’s delectation will carry forth my flaccid legs and tired lungs. I will do it.”

Che’s mother once told the Uruguayan journalist Eduardo Galeano that from the time of his asthmatic childhood, her son “had always lived trying to prove to himself that he could do everything he couldn’t do, and in that

way, he had polished his amazing willpower.”

For both men, the time they spent recovering from asthma attacks as children allowed them to develop a deep connection with books and ideas. From TR: “When ill health kept him from the rambunctious adventures of other boys, Teddie found diversion in books.” Che Guevara attended medical school, partly driven by a desire to find a cure for his asthma. Teddy Roosevelt graduated from law school. But asthma led to more than just the development of ideas. These men developed a very strict internal moral code as well, which would both serve and guide them as they entered their respective political arenas.

Roosevelt entered political life just before the turn of the last century. According to Brand, politics back then were very corrupt, and was even expected to be that way. At one point, one of TR’s rivals hired a detective agency to find something to smear him with. They came up empty-handed as there was nothing to be had on him. TR’s staunch aversion to corruption earned him a reputation his fellow party members sought to exploit, yet at the same time made him somewhat a thorn in their side. When he was appointed under secretary of the Navy in Washington D.C., it was largely to get him out of New York state politics.

No less for Che. After gaining power in Cuba, Che refused to personally abuse that power for personal gain as others were apt to do. For example, when a subordinate confiscated a Jaguar car, Che promptly chided him for being a “pimp” and insisted he get rid of it — within two hours. When Che’s children were sick they rode the bus to the doctor like other Cubans did; he refused to accept the chauffeured ride that was available to them.

For both men, these staunch and stern moral codes, while initially curtailing their rise to power, later served to confer upon them larger than life images and appeal.

Interestingly, the cadence of their early lives provided no hint that they were necessarily bound for fame or historical importance. Only when they entered military combat for the first time did the tempo pick up.

For Roosevelt this occurs in the Spanish-American War. Although TR was serving as assistant secretary of the Navy, he still arranged to help form the Rough Riders and entered the war as a combatant. From Brand’s book: “As his friends and relatives pointed out, he could do far greater good for his country in Washington than in Cuba. Hundreds — nay, thousands — of men were better qualified to march into battle and trade lead with the Spaniards; the country had but one assistant navy secretary, and he was needed at his desk . . . several others reminded Roosevelt that he was nearly forty, that he had never served in the military . . .” All to no avail.

Once in war, TR seemed to have little, if any, fear of combat. Brand writes: “. . . Shouting at his men to follow, he scrambled over the wire

fence and began running across the open ground toward the Spanish entrenchments. With bullets singing through the grass on either side of him and shells exploding to front and rear, it took a hundred yards for him to realize that almost no one was following him. Amid the noise of the battle his men hadn’t heard his order. Incongruously embarrassed, considering the circumstances, he turned around, raced back to the lines, and tried again.”

Over 50 years later, another asthmatic would come to Cuba and enter combat. Describing one of Che’s first battles, Andersen writes, “When some of his units didn’t show up on time, Che began the attack on his own, walking straight up to the barracks and coming face-to-face with the sentry.” Only after several battles did Che experience “a fear of death.”

It seems that the constant fear suffocation from childhood asthma conferred a sort of immunity against the fear of dying on both Che and Teddy. In both biographies one gets the impression that, once combat was entered, the fish had found its water.

Military triumph in turn conferred political success. The Rough Riders were the heroes of the war, and TR’s dashing image of bravery was a valuable campaign asset. Still, when he was being considered for the vice presidency, one of his party’s major players who worried that he would become president someday exclaimed, “What is the matter with all of you! Here is the convention going headlong for Roosevelt for Vice President. Don’t any of you realize that there’s only one life between that madman and the Presidency?”

Nevertheless, Teddy was nominated on the ticket with McKinley and they won the election. McKinley was assassinated and the above fears were realized as TR became president. During his terms, Roosevelt persisted in making many structural reforms which endure to this day.

Che’s ascent to political power came with the ousting of Batista in Cuba in 1959. Again, military success translated into political power.

But neither man was content with a desk job. Teddy Roosevelt went on many long hunting expeditions, including a South American journey in which he almost died. He even considered leading an armed group into WWI. Che Guevara first left Cuba to fight in the Congo rebellion, then later died in Bolivia, his death hastened by his asthma flare-ups and loss of his medicine.

Nor did the mix of military legend and political power end there for these two historical figures. The projection of their internal ideals became symbolic of much else.

From page 518 of H.W. Brand’s book: “Of course, the ideal the public formed of Roosevelt was largely a reflection of the ideal he had created for himself. Better than any president since Lincoln, Roosevelt embodied a romanticized view of American life.” Photographs and the

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legend of Roosevelt seemed to, in many ways for the first time, establish a national identity.

Che Guevara came to symbolize the international romantic image of the guerilla fighter. The stern yet dreamy image of a beret-wearing

Che is classic. He also became larger than life.

So, two childhood asthmatics were driven to hone their physical, mental and moral sharpness largely due to their childhood bouts with and survival of severe asthma. This then translated into military/political power which became a symbol for their respective generations.

Ironically, the same island, Cuba, served as the fulcrum of ascension for both.

Next time you’re giving that young child with severe asthma a nebulizer treatment, remember these two. ■

FYI . . .

Restricting critical care not the answer

Studies have shown that Medicare patients who die ring up their biggest health care bills during their last year of life. But reducing those health care costs may be next to impossible, say critical care experts publishing in the February issue of the *American Journal of Respiratory and Critical Care Medicine*.

Although ICU costs can range from \$2,000 to \$3,000 per day in many U.S. hospitals, most of these costs are fixed and thus would not be eliminated by reducing length of stay. What’s more, admission to the ICU by Medicare patients in their last year of life varies widely in different regions, and scoring systems to predict which patients would benefit from ICU care and which wouldn’t are not accurate enough to make life-and-death decisions. Finally, the authors note that even though intensive care is not effective for a minority of patients, the majority seem to benefit from its services.

They conclude, “Limiting care to dying patients in the ICU presumes perfect knowledge of an outcome only available retrospectively.”

Study looks at patient perception of dyspnea

For most asthmatics, dyspnea is usually a sign that they are experiencing an asthma attack. In a new study published in CHEST,

researchers found that patients with a low perception of dyspnea (POD) had significantly increased visits to the emergency room, hospitalizations, near fatal asthma and death as compared to those with normal or high POD.

The study measured POD in 113 patients with stable asthma, then related the measurements to the incidence of near fatal and fatal attacks within a two-year period. Researchers found that asthmatics with low POD, even those without a history of near fatal asthma, were more likely to suffer life-threatening attacks. As compared to those with high or moderate POD, low POD subjects tended to be older, female, long-time asthma sufferers and to have severe asthma.

Palliative care could ease the burden on ICUs, ERs

How will the health care system deal with the nearly 80 million baby boomers likely to descend on hospital emergency rooms and ICUs over the next decade?

Researchers attending a recent end-of-life care meeting sponsored by the Robert Wood Johnson Foundation suggest palliative care delivered in hospice settings as part of the answer. Palliative care, they say, not only reduces hospital length of stay, it also cuts health care costs incurred in the last year of life.

Palliative care also seems to appeal to the general public. Eighty-eight percent of Americans surveyed by the National Hospice and Palliative Care Organization said that patients with a life-limiting diagnosis would benefit from consultation with end-of-life specialists.

Patient safety top priority

The Bush Administration wants to spend \$10 million to help hospitals and other care settings develop new and better ways to reduce medical errors. The spending, part of the President’s 2003 budget plan, would go for projects aimed at encouraging hospitals and other providers to take advantage of underutilized technology and increasing governmental oversight of medical errors and other incidents that could put patients in harm’s way. ■

Get it on the Web

Want the latest news from the section in the quickest manner possible? Then access the *Bulletin* on the Internet! If you are a section member and an Internet user, you can get your section newsletter a week and a half to two weeks earlier than you would get it in the mail by going to your section homepage at: http://www.aarc.org/sections/section_index.html.

You can either read the *Bulletin* online or print out a copy for later.

The AARC is encouraging all section members who use the Internet to opt for the electronic version of the *Bulletin* over the mailed version. Not only will you get the newsletter faster, you will be helping to save the AARC money through reduced printing

and mailing costs. These funds can then be applied to other important programs and projects, such as ensuring effective representation for RTs on Capitol Hill.

To change your option to the electronic section *Bulletin*, send an email to: mendoza@aarc.org. ■

Adult Acute Care Section Survey

We want to provide you with the information and service you desire for your specialty section membership. Please take a minute to fill out this small survey and fax it back to: 972-484-6010

Why did you join this specialty section?

- To receive information about my specialty area of practice.
- To participate in designing programs and information about my specialty.

- To network with and learn from others working in my specialty.

How many times a year do you want to receive a newsletter?

- 6 times a year
- 4 times a year
- 2 times a year
- No opinion

Would you prefer to receive this newsletter by reading it on the website?

- Yes
- No
- No opinion

Would you rather receive a printed newsletter or more timely and more frequent email updates of news and information?

- Newsletter
- Email
- No opinion

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