

So I am out walking and I have this brainstorm. It is not directly related to sham peer review and degenerated state medical boards but it may be a philosophical approach that may help us if we can get some agreement. The example I use is a general surgery example because that is what I am and what I think most people will understand it.

It has to do with the concept of *Standard of Care*.

First question: how is the Standard of Care defined? Who is qualified to define the standard of care? And what qualifies as a deviation from the standard of care?

There are some professional organizations that come up with recommendations; are there recommendations absolutes? For example EAST (Eastern Association for the Surgery of Trauma) has made recommendations that ancef should be used in patients with chest tubes. If you chose not to use ancef and either substitute another antibiotic or use no antibiotic have you failed to meet the standard of care? What if there is literature supporting your position, have you failed to meet the standard of care? Over a five year period you put in 100 chest tubes and have empyema(s) using your technique. What is the acceptable level for your technique?

- o If the EAST assessment claims a 5% empyema rate and you use no antibiotics and:
 - o Have a 5% empyema rate, are you meeting the standard of care?
 - o Have a 2% empyema rate, are you meeting the standard of care since you are not following recommendations?
 - o What rate of empyema would violate the standard of care?

Let's look at another example that is more clear. I have created a table to help assess the ideas.

You have a patient with acute suppurative appendicitis. The patient is taken to the OR where an appendectomy is done. You can chose to give an antibiotic or not. And you may develop an intra abdominal abscess. Where is there a deficiency in the standard of care?.

- 1) I think we would all agree that given Unasyn and not developing an abscess would satisfy the requirement for meeting the standard of care.
- 2) I think we would agree that not giving any antibiotics and developing an abscess DOES NOT meet the standard of care.

	No Antibiotics	Antibiotics (Unasyn)
Intra abdominal Abscess	No	No
	Yes	Yes

Here is where I would like to introduce a conceptual view different from what has tended to be used. Rather than look backwards from the result and then look at whether the standard of care was met, shouldn't we look at the standard of care irrespective of the outcome?

- 3) If you don't give antibiotics in the case above and don't develop an abscess was the standard of care met?
- 4) And can you say that by having a bad outcome (abscess) in spite of using an antibiotic that you did not meet the standard of care?

I we look at these last two examples I think we could have plenty to pontificate.

Independent of the result, case number 3, in my opinion, DOES not meet the standard of care. However is anyone looking at the start point or just the result? So is this care that most would agree is deficient being picked up in our peer reviews? And if not do things need to change and how? Additionally let's debate how to change this problem. Do we suspend these people? Do we take away their license? Do we re-educate them?

And finally let's take number 4. Bad outcome, appropriate start point (all other things being equal) has the standard of care been breeched? If someone (for example a financial competitor) states timentin is a better drug and would have been the drug of choice to use is he obligated to substantiate this claim?

The bottom line of this diatribe is we may need to look from another angle, rather than just look backward from the result to start point also look from the start point to the result.

In other words, taking the example above – ALL OTHER THINGS BEING EQUAL – if the standard of care is met when antibiotics are given and no abscess is developed then by definition the standard of care is met when antibiotics are given and there is a resultant abscess.

By the same token, not giving antibiotics would also breech the standard of care even if the outcome was no abscess.

What do you think? I would love to hear your opinions. While this may not help directly perhaps it can help reorient the thinking of some people.

Mike