Continued from page 9

and interesting. Thank goodness it’s not all algorithm-driven, as Dr. Walker suggested. I’m really surprised that EMN would publish a column that is so lacking in nuance!

Valerie Norton, MD
San Diego, CA

Thanks, Dr. Simons
Editor:
I want to thank Dr. Sandra Scott Simons for her article, “ER Goddess: “Doctoring, Dating, and Cynicism.” EMN 2016;38(3):23; http://emn.online/Mar16ERGoddess.) It is a relief knowing other EPs are feeling the same about today’s emergency medicine practice.

Bruce Kerry, MD
Lacombe, LA

Work-Life Balance
Editor:
I think the world of Dr. Amal Mattu, and I loved his column about lessons from “The Princess Bride” right up until the last half page. (“EM Lessons from ‘The Princess Bride,’” EMN 2016;38(3):8; http://emn.online/Mar16PrincessBride.) I take issue with his making readers feel guilty about being busy enough in our careers that we can’t come to every soccer game. He said, “None of that matters when your kid looks up to you and says, ‘Can you come to my game?’ And you say, ‘No, I’m too busy.’” Holy cow, that’s laying it on pretty thick!

Kids understand earning a living is important, and emergency medicine sometimes happens after school, at night, and on weekends. I think it means a lot to my daughters that I can pay for college and can take them across the country to see their grandpa in Maine every summer, even if I missed a choir performance or a field trip here and there.

Kids benefit by seeing that their parents are really engaged and excited in their work, and that what they do helps other people. It’s absolutely important to have a work-life balance, and it’s important to go to some (or even many) of the games and performances. But let’s not perpetuate the crazy 21st century American expectation that parents’ lives must revolve completely around their children, and that every activity unwatched by us is a huge loss. There’s a reason it’s called balance.

We should never say to our children, “I’m too busy to come to your game.” Instead we should say, “I’m working on Saturday, but I have all afternoon on Sunday to spend with you.” If they ask why we have to work on a Saturday, we should say, “Because lots of sick people are counting on me to be there to take care of them.”

A wise old teacher once told me, “Don’t tell your kids you have to go to work like it’s a punishment. Make sure they know you love what you do.”

I know Dr. Mattu loves what he does, and I bet his kids are very proud of him.

Valerie Norton, MD
San Diego, CA

Dr. Mattu responds: Thank you for your letter. I’ve always thought that the purpose of lectures is not to tell an audience what to do but to make them think about what they do. It certainly isn’t my place to tell anyone how to be a parent. Whether we are talking about parenting or reading ECGs, I hope that my presentations help people learn from my own successes and failures, and that’s especially true when it comes to “lessons in life” type of lectures such as the one related to “The Princess Bride.”

The dispute here exemplifies the problem of trying to turn a lecture into a manuscript. The editor of this manuscript did a great job in summarizing the key points from the lecture, but she could not possibly convey the full context, visuals on the slides, or nonverbal communication that occurred at each segment of the lecture. In fact, my points regarding focusing more on family were largely directed at those of us in academics, many of whom prioritize academic activities excessively over family.

As your letter suggests, the pursuit of a happy medium is critical but always challenging. If your letter and my lecture simply get people to think more about this issue, then I’d consider this discussion to be an inconceivable success!

Khaled Ritemi, MD
Tripoli, Libya

Did Anticoagulants Play a Role?
Editor:
I’m wondering whether anticoagulants played a role in Dr. Whitney Barrett’s case of the patient with Lemierre’s syndrome. (Quick Consult: “Symptoms: Knee Pain, Shortness of Breath, Toothache,” EMN 2016;38(3):19; http://emn.online/Mar16Consult.)

Dr. Barrett responds: This patient was not anticoagulated in the hospital. The published data and case reviews show roughly 25 percent of patients are anticoagulated as part of their treatment. Currently, there does not seem to be a consensus regarding anticoagulation in these patients. The article, “Lemierre’s Syndrome Due to Fusobacterium necrophorum;” reviewed the literature and did not find enough data to support recommending or discouraging use of anticoagulation. (Lancet Infect Dis 2012;12(10):808.) Some researchers have recommended anticoagulation when the thrombus has certain characteristics (extension of clot, suspected duration of clot, etc.), but there is no agreement across studies about these specific clot characteristics, either. (Lancet Infect Dis 2012;12(10):813.) A few researchers, in contrast, make the argument that in the absence of significant contraindications to anticoagulation, it should be a part of treatment for Lemierre’s. (Laryngoscope 2015;125(4):867.)

Rapid Treatment after tPA Bleeds
Editor:
The article, “Major Delays Complicate Treatment of Hemorrhage after tPA” highlights the main concern in using tissue plasminogen activator (tPA). (EMN 2016;38(2):1; http://emn.online/Feb16tPA.) “Time is brain” is the critical issue when you decide to use thrombolysis, and the same urgency may help limit damage if intracranial hemorrhage (ICH) occurs. Some bleeds are rapidly large and terminal, and it makes no difference. Bleeding treatment guidelines must begin immediately for those that are small or moderate (if the patient has any real hope of recovery). Every minute of delay counts.

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