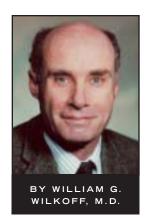
Opinion Pediatric News • May 2007



28

One of my partners has a bit of an issue with anxiety. She claims this is a congenital thing and isn't the least bit

timid about owning up to her nervousness. As you might expect, she is quite clever at imagining worst-case scenarios, which is a handy skill to have when it comes to crafting a list of differential diagnoses.

But Deb's bigger problem is that she somehow manages to attract a larger number of worst-case scenarios than one would expect based strictly on chance. This unfortunate magnetism has earned her the title of "Disaster Deb," a moniker she wears with considerable pride.

So you can imagine that when the call came for someone to head up our

I find the pandemic preparedness plans are drawn too narrowly. The real disasters are by definition unpredictable and hence one can't prepare.

local pandemic preparedness posse, Disaster Deb was the logical choice ... and not surprisingly, the only volunteer. Now she could spend what little free time she has worrying about worstcase scenarios on a level that makes toddlers

with fevers and necks that "might be stiff" seem like child's play.

Now she could hang out and hobnob with people who get paid to worry on a national and even a global scale. My only concern about Deb accepting this position was that she might do some additional worrying—that she was having too much fun exploring worst-case scenarios.

But, she has managed to keep her anxiety within bounds—well, at least normal bounds for her—and has done a bang-up job of spreading the doom and gloom about pandemics. She has helped the hospital and our medical group begin thinking about what we might have to do to manage an outbreak of severe influenza. She gives excellent presentations of the Center for Disease Control and Prevention's version of what a pandemic could look like. At the end of her talk she always serves some of her home-baked cookies in a tasty but unsuccessful attempt at calming the nerves of audience members whom she has sent into a palm-sweating panic.

I'm pretty immune to the scary bits in her presentations because I find the likelihood of an influenza pandemic extremely remote. I just eat the cookies and worry that this whole pandemic preparedness extravaganza is a poor investment of our public health resources.

Deb tries to reassure me that the mental exercises she is leading us through now will carry over and help us in future pandemics and other disasters. But I'm sure that when this pandemic fails to material-

LETTERS FROM MAINE

Worst-Case Scenarios

ize, most of those who have listened attentively will turn a deaf ear to subsequent warnings when the real disaster comes. Our society has a very short memory when it comes to near disasters. When the oil prices go up we tilt at a few windmills and buy a handful of hybrid cars, but within a month or two we're back to driving our SUVs at breakneck speeds.

I find the pandemic preparedness plans are drawn too narrowly. The real disasters

are by definition unpredictable and hence one can't prepare for them. When the dome of seismic instability under Yellowstone Park finally erupts and darkens the skies for months (an event that might be as likely as an avian flu pandemic), the reams of paper generated by our flu preparations may be useful as a temporary fuel source, but that's about it.

When the doodoo really hits the fan, our survivability is going to depend on the

strength of the moral fiber that binds us together as a society and on the intelligence, creativity, and charisma of the leaders we have chosen. So you can see why from time to time I join Disaster Deb in some serious recreational worrying.

DR. WILKOFF practices general pediatrics in a multispecialty group practice in Brunswick, Maine. Write to Dr. Wilkoff at our editorial offices (pdnews@elsevier.com).

The only product with 3 trusted ingredients in 1 tube for the treatment of Diaper Dermatitis Complicated by documented Candidiasis (DDCC)*

Convenience That Counts



Deliver antifungal efficacy plus zinc oxide and petrolatum in every tube.

- Rapid relief of symptoms within 7 days—improvements observed as early as Day 3¹
- Easy dosing for MDs to explain and simplified regimen for caregivers
- Steroid-free formulation with proven tolerability in patients 4 weeks and older



(0.25% miconazole nitrate/15% zinc oxide/ 81.35% white petrolatum) Ointment

Convenience in every tube.



Please see Brief Summary on adjacent page. www.vusionointment.com 1-866-440-5508

