UNDER MY SKIN

iPLEDGE Allegiance

My pager went off Saturday night. Susan was in a panic. "I couldn't log onto the iPledge Web site!" she cried. "I called their number and waited 40 minutes, and they told me you hadn't confirmed contraceptive counseling. If I don't get the medicine Monday, I'll be locked out for a month!"

I know an emergency when I hear one. Susan had already taken isotretinoin for a month, so a 30-day holiday would not do. Springing into action, I logged onto the iPledge Web site, located Susan, and pressed the "Confirm Patient Counseling" tab to verify that I'd told her not to get pregnant. I did that at her visit Thursday, noting that the pregnancy test from Tuesday was negative. No dice. The error message read, "Not enough time has elapsed."

BY ALAN ROCKOFF, M.D.

Not enough time? Not enough time for what?

I called the 866 number and had to wait just a few moments, listening to the grating background music, before a human being picked up. I gave her my DEA number.

"I need your date of personal significance," she said.

Other Web sites use secondary passwords you can actually recall, like your mother's maiden name. "I don't know my date of personal significance," I said.

"Would you like to guess?" she said. I guessed my birthday. Wrong.

"We can't speak to providers who don't know their date of personal significance," she said, "unless they answer the phone in their office. Are you in your office?"

"It's 10 o'clock Saturday night," I said. "I'm home."

"Then I can't help you," she said.

"For heaven's sake," I said, "if you call my office, the automated attendant will identify my name. …" Just then I found the memo in my Palm. Of course that was the significant date I'd picked: 9/11/01. Catastrophe.

Now she could help me. Only she couldn't. I stated my problem. "This patient had express registration," she said. "There's no waiting period. It must be a system problem. I'll transfer you to technical support."

Now I had my chance to spend 40 minutes listening every 60 seconds to, "Your call is important to us. Someone will be with you shortly." Eventually someone was.

"May I help you?"

I certainly hoped so.

"I'm exhausted," she said. "I've been working 12 hours, 7 days in a row. And it's busy!"

I commiserated and restated my problem. She put me on hold, then returned. "This patient had express registration," she said. "There's no waiting period. This shouldn't happen."

I agreed.

"'Not enough time has elapsed,'" she read. "What does that mean? It makes no sense!"

"Good point," I concurred.

She tried entering different dates. "Aha!" she said. "I got it to work!"

"What did you do?"

"The contraceptive counseling has to be before the pregnancy test," she said, "Otherwise the system won't take it."

"Does that mean that if my patient takes a pregnancy test Monday and I see her on Wednesday and counsel her then, the counseling doesn't count?" I asked.

"That's a medical question," she said. "I'm not authorized to answer medical questions about the actual program. I'm technical. I just know how to make the Web site work."

"Is the patient all set?" I asked.

"All set!" she said. I told her to go home and get some rest.

I hung up, pleased with another useful job under my belt.

I celebrated too soon, though. As we all know by now, iPledge drollery has degenerated to disaster. Getting Susan her medicine took 3 more days of calls and listening to, "We are experiencing a high call volume. Peak times are 9:00 a.m. until noon. Please call back another time." This message played from 9:00 a.m. to midnight, followed by disconnection. Click. You're dead.

Things will no doubt get better in time. They may expand the number of operators from four to six. Someone familiar with English will change all the "who's" on the Web site to "whose." And maybe they'll figure out a way not to require monthly counseling for males. ("Don't give your pills to pregnant women!" "Take prenatal vitamins!")

They may even improve the music. When you're on hold, that music you are hearing oompahing and sawing away in the background is Mozart's "A Musical Joke."

Please tell me, what warped bureaucrat would choose, from the whole universe of musical possibilities, Mozart's purposely annoying send-up of incompetent composers and instrumentalists?

At least we know whom the joke's on, don't we? Our patients and us. ■

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PRO & CON

Is a human face transplant ethical?

YES

Once a patient with a serious facial disfigurement has exhausted all conventional surgery avenues, it is my hope that facial tissue transplantation will become an alternative reconstructive option.

This procedure was controversial even before the team of French surgeons performed the first partial face transplant last year. However, I do think that appropriate candidates, who have been informed of the risks and benefits and who have been properly screened, have the right to choose facial tissue transplantation as an option.

It is important to keep in mind that our reconstructive options for patients with severe facial deformities are limited, and that even after multiple surgeries some patients are still seriously disfigured. They don't want to leave their homes; they do their shopping late at night; and, in some cases, they are unable to close their eyes or open their mouths—simple things we take for granted. Their desire for facial tissue transplantation is not about vanity, but about a minimal quality of life they no longer have.

In order to be considered for this procedure, patients must be psychologically stable and must have the intellectual ability to understand its risks and benefits. Undergoing this type of transplant means that patients must commit to taking a daily regimen of antirejection medications for the rest of their lives. They will also face an increased risk of infection, metabolic changes, skin cancer, lymphoma, and impaired kidney function. However, because face transplant candidates are generally healthier than the average transplant patient, they are likely to face fewer risks.

For the past 20 years, I have researched immunologic and surgical aspects of composite tissue allografts and facial tissue transplantation. I strongly feel that if our society were to see the patients who would benefit from this procedure, they would wonder why anyone would hesitate to make this option available.

Ultimately, it's up to the patients to make the decision as to what is important to them in order to function in society. ■

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NO

We are not at the right place and time to be performing facial transplantation. A human face transplant at this time represents a grand clinical experiment. We are currently at a steep moral and informational learning curve and have far to go to reach our desired goal.

The biggest hurdle for facial transplantation is overcoming immune modulation and the safe induction of tolerance to the composite tissue allograft (CTA). To date, tolerance to a CTA-containing skin is a temporary phenomenon that has been observed in rats and mice but has never been demonstrated in a primate model.

Excepting human hand and abdominal wall transplants, the current enthusiasm to go forward with facial transplants is based largely on nonprimate models.

A state of prolonged tolerance does not appear to be achievable with our current immunologic arsenal. "Right place, right time" for facial transplantation is an evasive aphorism. We should not throw our hands up in despair over the problem, but rather continue our current paths of investigation—preferably in nonhuman primates—in order to exercise definitive surgical applications when, and only when, we have sufficient data to support and justify outcomes for our patients.

Given the current experience in CTA, it appears premature to engage in human facial transplant experimentation when the risks are highly disadvantageous to the patient, considering that disfigurement is not a life or death situation. If physicians choose to perform facial transplantation in humans, they should abide by the guiding principles set out earlier this year by the American Society for Reconstructive Microsurgery and the American Society of Plastic Surgeons. These guidelines represent a practical approach to facial transplantation that accommodates both sides of the philosophical, ethical, and technical arguments.

Until there is a true consensus within the medical community, it will be up to individual practitioners to weigh the complex issues of ethics and safety that surround facial transplantation. ■

Robert Walton, M.D., is a plastic surgeon at the University of Chicago.

The Cleveland Clinic was the first U.S. clinic to receive investigational review board approval to perform face transplantation surgery.