Letters to the Editor

The Journal welcomes Letters to the Editor; if found suitable, they will be published as space allows. Letters should be typed double-spaced, should not exceed 400 words, and are subject to abridgment and other editorial changes in accordance with journal style.

Legal Risks of Polio Immunization

To the Editor:

Dr. H.V. Wyatt's article in the September issue of *The Journal of Family Practice (7:469, 1978),* "Polio Immunization: Benefits and Risks," is an encouraging analysis of the value of polio immunization. It seems quite clear that a balance of the relative risks favors immunization.

I must, however, clarify one misconception in the legal analysis of the risks involved. Dr. Wyatt asserted that, "there has not been an action by a contact vaccine-associated case against a manufacturer or the US government." That assertion is not correct. One mother has successfully sued a manufacturer when she contracted polio with resulting paralysis after her child had been immunized. In *Givens vs Lederle,* 556 F.2d 1341 (1977), the manufacturer was found liable for failing to forewarn of the risk of this complication. Interestingly enough, the physician who had administered the immunization without warning the patient was exculpated in the litigation. Ordinarily, the action of a physician, as an intermediary, relieves the manufacturer of responsibility.

As a practical matter, the legal risks involved in undertaking an immunization program can be reduced by warning of the risk of paralysis to those being immunized (and their parents or legal guardians if children are to receive the vaccine). Much of the litigation involving polio vaccines has been based upon a failure to warn of the risks so that the patient or the parents can give an informed consent.

The other successful legal theory against polio vaccine manufacturers has been related to the company's methods of defense. The manufacturers have asserted that the patient suffered polio as a result of contact with a wild strain of virus and the claimants have asserted that the manufacturer gave the vaccinee a defective vaccine. If the manufacturers had acknowledged that there is an inherent risk of the vaccine causing paralysis, possibly because of the unavoidable reversion of the strain to a virulent form, then the manufacturer could have been relieved of liability, on the grounds that this was an unavoidable risk. The manufacturer's legal defense tac-

Continued on page 916

Continued from page 915

tics in the past created their own liability exposure risks. These risks can be minimized by the proper dissemination of the information.

The other legal risk to the physician is punctuated by Dr. Wyatt's description of vaccine complications. A physician may be liable for failure to try to screen out those at risk. As Dr. Wyatt has pointed out in his article, those individuals who are at greatest risk of contracting polio already have immune deficiencies, and a physician may detect those in this risk category by his screening efforts. A reasonable screening effort, which good practice should require anyway, should be sufficient to avoid liability risks.

Some may interpret this as a sour note because of the liability risks associated with polio immunization. Such an impression is not intended. The practicing physician has little risk in a polio vaccination program so long as proper warnings are given, and a proper history and screening are undertaken.

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Obstetrics in Family Practice

To the Editor:

I read with great enthusiasm and interest the article by Dr. David A. Lynch, "Obstetrics in Family Practice: A Model for Residency Training" *(J Fam Pract 7:723, 1978)*. In my position as a family practice educator I am very often confronted with the senior medical student residency candidate or the first year family practice resident who has, based on his experience on isolated block obstetrical rotations, "decided not to do obstetrics" in his practice because he/she "does not like it." I think it is tragic that many fine young physicians are deciding not to practice obstetrics based on their experience with very fragmented, episodic, tertiary care obstetrics, often consisting of meeting the patient within a few hours of her delivery, when she is frightened and in pain, never seeing the patient again after delivery, and having no meaningful interaction with the patient or her family.

Dr. Lynch very graphically points out the fact that the real value of and rewards for practicing obstetrics lie in the mode of longitudinal continuity of care.

I compliment Dr. Lynch on his fine article. I will use it in the future to help me try to convince medical students and family practice residents to include obstetrics in their practice plans.

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Management of Chronic Pain

To the Editor:

I want first to commend Drs. Bergman and Werblun on their excellent article "Chronic Pain: A Review for the Family Physician" *(J Fam Pract 7:685, 1978)*. The time contingency plan which they advocate in the management of pain is a marked improvement over pain-contingent therapy. I believe that this approach is further enhanced when the physician deliberately avoids the use of the term "pain" in his treatment of patients with pain. The patient with chronic pain is particularly receptive to the physician's verbal and

Continued on page 920

Continued from page 916

nonverbal communications. If, in using the time contingency plan, we advise patients to take their specific medication periodically "for pain" or "for relief of pain," one of the messages the patient receives is that "my doctor expects me to continue to have some pain." However, if we advise a patient to take the medication periodically "for comfort," one of the messages the patient receives is, "my doctor expects that I can have comfort." There is more hope in the latter message and, as the authors clearly state, there is more to pain management than reliance on drug therapy.

Some of the therapeutic modalities discussed included relaxation therapy, biofeedback, and operant programs. For the sake of completion I want to add a very powerful modality in the management of pain and that is hypnosis. Pain patients are usually motivated to obtain relief and this is especially applicable to cancer patients. Under the guidance of skilled therapists these patients can learn to handle their discomfort better. The progressive relaxation without undesirable side effects, which patients can learn to achieve with the aid of hypnosis, is unequalled by any other form of therapy. *The American Journal of Clinical Hypnosis* and the *International Journal of Clinical and Experimental Hypnosis* abound with articles which discuss the utility of hypnosis in the management of pain. The Societies which publish these journals also offer training programs at basic, intermediate, and advanced levels which will help qualify family physicians in the use of medical hypnosis.

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