The Benefit of Palliative Medicine in Trauma
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INTRODUCTION: Geriatric trauma continues to increase with injury becoming an increasing cause of significant morbidity and mortality. Palliative medicine consultation (PMC) in geriatric patients may result in better outcomes.

METHODS: Using a retrospective chart review over 2.5 year period, we sought to characterize outcomes of trauma patients who received PMC. Outcomes included mortality, tracheostomy, and discharge disposition. The population was divided by age: geriatric (≥65years) and non-geriatric (<65years). Statistical analyses were performed using t-tests and Fisher’s exact tests.

RESULTS: Of 7758 patients, 2597 (33.4%) were geriatric patients; mortality rate of 7.4% and tracheostomy rate of 1.9%. 15% received PMC with a 16.2% mortality rate. 65.8% of geriatric patients with head injuries received PMC. Patients with PMC: 5.1% underwent tracheostomy; mortality 15%. One with PMC and tracheostomy went to hospice; discharge was LTAC (70%), inpatient rehab (IPR; 10%). 5161 were non-geriatric patients - non-geriatric patients; mortality rate of 7.4% and tracheostomy rate of 1.9%.

CONCLUSIONS: PMC is utilized more in the geriatric trauma population and this group has a higher mortality rate than the non-geriatric patients. PMC was frequently utilized in both groups with head injuries prior to tracheostomy. Increasing utilization of PMC prior to placement of tracheostomy may better identify those patients with a greater chance of recovery.

Cognitive Status of Surgical Patients. Are They Capable of Understanding What We Explain?
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INTRODUCTION: To be valid, consent must be informed: thus the pertinent information should be disclosed and understood by the patient. The sole signature of a legal form does not mean rational consent.

METHODS: During September And October 2013 a cohort of 400 elective surgery patients were randomly interviewed and evaluated through a psychiatric consultation, a modified Mini Mental State Evaluation (Folstein MF, Folstein SE, McHugh PR, 1975) and the clock test (Shulman et al, 1986) before the procedure. Their educational background was also surveyed.

RESULTS: 259 patients were female (65%) and the mean age was 58.6 (range: 18-87 years). The educational level was: illiteracy, 68 patients (16%); elementary, 284 (71%); high school, 44 (11%); and college, 8 (2%). The cognitive evaluation results showed: normal cognitive status in 144 patients (36%); subnormal, in 172 (43%) and impaired in 84 (21%). The mental functions also showed impairment. None of the patients was insane from the psychiatric and legal point of view. The comparison between the educational level and MMS also showed a clear-cut correlation.

CONCLUSIONS: Impairment of mental functions prevents surgical patients from clear understanding; they do not have the cognitive abilities to fully participate in the process of surgical informed consent; and accordingly they are not able to make informed decisions, raising ethical concerns in everyday surgical practice.

The Burden of Firearm Violence in the United States: Stricter Laws Result in Safer States
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INTRODUCTION: Increasing firearm violence has resulted in a strong drive for stricter firearm legislations. The aim of this study was to determine the relationship between firearm legislations and firearm-related injuries across states in the United States.

METHODS: We performed a retrospective analysis of all trauma related hospitalization using the Nationwide Inpatient Sample database (2011). Patients with firearm-related injury were identified. States were dichotomized into strict firearm laws (SFL) or non-strict firearm laws (Non-SFL) states based on Brady Center score. Outcomes were the rate of firearm injury and mortality. Linear regression analysis was performed.

RESULTS: A total 2,583 patients with firearm related injuries across 44 states were included. Ten states were categorized SFL and 34 states as Non-SFL. The mean rate of firearm related injury per 1,000 trauma patients negatively correlated with Brady Center score for each state (R²=0.75, p=0.046). SFL states had a 30% lower incidence of firearm related injured compared to Non-SFL states (1.2±1.3 vs 2.1±1.4, Beta coefficient: -0.30,95% CI:-1.8-0.25; p=0.041). The overall cost of management of firearm related injuries was over 200 million dollars and these injuries resulted in 1,129 potential life years lost.

CONCLUSIONS: States with stricter firearm legislations had lower firearm injury rates in comparison to states with non-strict firearm legislations. States without strict firearm legislation had a higher firearm related mortality rate, higher costs, and significant loss in potential years of life. Further analysis on differences in the legislation between SFL and Non-SFL states may help reduce injury rate, decrease the economic and social burden of firearms as well as decrease the years of life lost due to firearm related injuries.

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