

Healing in

Sadaam's Hospital

For staff at what once was Sadaam Hussein's personal hospital, it is almost all trauma, all the time.

"In the majority of hospitals in Canada or the US, you don't see that much trauma, on average, maybe 5 or 10%, mostly from motor vehicle accidents," says Major William White, nurse manager at the Combat Support Hospital, which the American military has occupied for the last 4 years to treat victims of the Iraq war. "It doesn't compare to what we see here. The majority of trauma cases here is 90-to-95% gunshots, explosions, improvised explosive devices, burns, penetrating trauma. We see about 60% of the trauma cases from the entire country."

"Over here, the primary problem is circulation," adds White. "People look for the magic on how to save lives but basically if you can stop the bleeding process you'll do wonders for the patient. We've issued tourniquets to every soldier, so kids with arms and legs blown off are surviving because they've stopped the bleeding."

Due to all the trauma cases, Major Clayton Simon, officer in charge of pathology at the Combat Support Hospital, says blood supply is critical. "We'll get 20 or 30 major casualties at one time, so we'll watch our blood bank

go from 100 units to 12 units in an hour. If we get 2 or 3 of those back to back, we really start to stress the system."

It's also a challenge to work in a trauma room that does not exactly fulfill every physician's wish list. "It's a very small, meagrely equipped trauma room but it has everything we need," says White. "We do lots of thorotomies, give large volumes of blood products, stay away from giving lots of crystalloids like sodium chloride or saline, put chest tubes in. ...We don't have oxygen pumped in like normal hospitals because when this was built in the sixties they didn't have it and we didn't want to invest the money to put it in and then in 10 months or 10 years turn it over to the Iraqis."

In total, the hospital has about 70 beds. About 20 non-critical patients are shipped out daily to other hospitals, with Iraqis sent to local hospitals and military personnel or foreign contractors sent to international ones.

White adds that the Iraqi health care system is improving but still having some difficulty finding adequate staff. "Iraqi physicians are now making US\$150 to \$200 a month whereas before they were making \$4 a month because the majority of the country's money went to war efforts. But unfortunately, physicians are targeted for assassination and they're considered a good money source so they're often kidnapped, sometimes 3 or 4 times. So sometimes it's hard to fill and hard to keep those positions."

White, who is in the seventh month of his first tour of duty in Iraq, also says there is a 97% survival rate for patients who make it to the Combat Support Hospital's emergency room doors, while Specialist Rodrick Polk, who works at the hospital's blood clinic, says no one is turned away at the door. "We'll treat a suspected Iraqi insurgent just like we treat anybody else. We'll give him blood and try to save his life. Their hands and feet are usually tied and they come in blindfolded so they won't be able to see us or Iraqi workers that work here. If they did, there's a risk we could be targeted." — Jenn Gearey, Ottawa

DOI:10.1503/cmaj.070615

Newfoundland launches judicial inquiry

A provincial judicial inquiry has been struck to determine how and why hundreds of breast cancer patients received inaccurate hormone receptor tests at Newfoundland and Labrador's main medical laboratory.

Meanwhile, about 100 patients and surviving family members are pursuing a class-action suit against Eastern Regional Health Authority, the agency responsible for the lab where the faulty tests were done. The patients claim false-negative results wrongly disqualified them from receiving a potentially beneficial treatment. The class-action suit was certified in the Supreme Court of Newfoundland on May 28th.

Both the inquiry and the class-action law suit stem from an estrogen-receptor testing debacle that has erupted within the province over the course of the past few weeks after it was learned that over 40% of 763 samples of breast cancer tumours taken from living patients had been erroneously identified as hormone-receptor negative.

Concerns raised by St. John's oncologist Dr. Joy McCarthy in 2005 had resulted in 939 samples collected between 1997 and 2005 being sent for retesting to a lab at Toronto's Mount Sinai Hospital. The results indicated that 317 of the 763 retests done for living patients



Corbis/Magma

Military physicians find that service in Iraq is almost entirely about trauma.