

submitted anonymously to AAEM, and board members said they considered several statements remarkable. The entire transcript of the testimony by David Tarlow, MD, PhD, JD, an emergency physician in St. Louis, MO, is available on the site, but parts are highlighted:

“Page 33 - line 11

“Question: ‘And have you treated patients like Mrs. Walker who have come here with these kind of symptoms with tPA?’

“Answer: ‘All the time. I mean, unfortunately, it’s all the time. Not daily, but

probably three or four times a week.’

“Comment: The reviewers were surprised that a physician would claim to give tPA so frequently. Giving it at such a rate would probably exceed the usage at the busiest centers in the world. This seems like a wild exaggeration.”

The site also points out that Dr. Tarlow at one point referred to tPA as “that special magic-bullet drug.”

“If a person has a stroke or a TIA, then depending on what’s involved, you’re going to get tPA — which is that special magic-bullet drug called tissue

plasminogen activator — within three hours, or heparin or Coumadin, okay, depending on whether you’re a candidate for tPA because you may not be allowed to have tPA because you might have had recent surgery, you might have a brain aneurysm — there are a whole lot of reasons you may not get it.”

The AAEM reviewers wrote: “Comment: This highly laudatory description of tPA exceeds even the most enthusiastic endorsements of those proponents of the use of tPA in acute stroke.”

The third portion of Dr. Tarlow’s tes-

timony to which AAEM pointed reads:

“Page 35, Line 13

“Question: The plaintiff’s attorney asks if it is OK for the treating physicians to disregard the recommendations of a variety of sources, including the ‘...recommendations of every known study....’

“Answer: ‘Well, it would be inappropriate....’

“Comment: There [were] numerous papers available at the time that did not recommend the use of tPA. Some were reviews of existing studies, most particularly the NINDS trial. Others were original research that failed to demonstrate the benefits from that landmark study. The attorney’s statement was incorrect, and an accurate answer would require correcting that mistake.” Dr. Tarlow refused to comment on the AAEM web site or on the comments on his testimony. Dr. Blumstein said AAEM has written to ask him to respond to the web site, but the organization has yet to hear from him.

Some have questioned the web site, said Dr. Blumstein. One questioned whether posting testimony would hurt the academy’s reputation, and a couple of anonymous emails “ranted” about the web site, he said. “Those have been the only negative responses.”

He said the academy feels it is on solid ground with the site. “These statements are public record, and there is nothing untruthful in what we say. This is not meant to be malicious. It’s meant to educate our members. That’s the primary purpose.” 

In Brief

First Urgent Care Fellowship Approved

The first-ever fellowship in urgent care medicine in the country was recently approved by the Graduate Medical Education Committee of University Hospitals of Cleveland, according to the Urgent Care Association of America. The fellowship is a collaboration between the department of family medicine of University Hospitals of Cleveland/Case School of Medicine, the Urgent Care Association of America, and University Primary and Specialty Care Practices in Cleveland.

The program is partially sponsored by an unrestricted grant of \$30,000 from the Urgent Care Association. The association’s academic committee identified core competencies essential to urgent care practice, including orthopedics, occupational medicine, injury care, wound management, adult emergencies, pediatric emergencies, transfer issues, and office procedures. The one-year fellowship is currently open to graduates of accredited family medicine and medicine/pediatrics residencies. Lee A. Resnick, MD, is the director. 