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—Allen H. Neuharth
Founder, Sept. 15, 1982



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Deadly Rx: Why are drugs killing so many patients?

In February 1997, 4-year-old Harry Donnelly died while having his adenoids removed during routine surgery at a Peekskill, N.Y., medical center. It wasn't the operation that killed the young child. An investigation completed last month determined that he died from a deadly reaction to the combination of two common drugs — non-prescription Neo-Synephrine, an allergy

medicine that also controls bleeding, and a beta blocker drug that lowers high blood pressure.

Though both drugs are widely used by doctors and hospitals, Harry's death was no fluke. Investigators discovered 12 other cases where combining these two drugs during surgery caused bad reactions, including two additional deaths.

Such tragedies occur with shocking frequency. A study published in the *Journal of the American Medical Association* last week estimated that 100,000 hospital patients die every year from bad reactions to legal prescription drugs. Another 2.2 million suffer side effects so severe that they are permanently disabled or require long hospital stays.

By researchers' count, adverse drug reactions rank as the fourth leading cause of death. Which raises an obvious question: Why is our health system killing so many patients seeking cures?

The evidence points to a systemwide breakdown in the way powerful drugs are marketed, prescribed and monitored. Too few consumer protections exist. And many of those that do exist depend on the voluntary efforts of pharmaceutical companies interested in promoting their drugs and doctors and hospitals who may have more incentive to hide mishaps than to prevent tragedies.

A flawed system

Among the system's most glaring defects:

Haphazard monitoring: At the same time the Food and Drug Admin-

Drug-caused deaths

Adverse reactions to prescription drugs are the fourth-largest cause of death nationally. Causes of death in 1994:

1. Heart disease	743,460
2. Cancer	529,904
3. Stroke	150,108
4. Adverse drug reactions	106,000
5. Pulmonary disease	101,077
6. Accidents	90,523

Source: Journal of the American Medical Association



associations estimate that only 40% of hospitals follow industry guidelines for monitoring and reporting adverse reactions. Few encourage staff pharmacists to work with hospitalized patients to identify those at risk for allergic reactions and drug interactions.

Yet when mishaps occur, hospital officials admit that many hospitals discourage volun-

tarily alerting others to potential problems because of fear of malpractice suits. Of the thousands of deadly drug reactions that occurred in hospitals studied by researchers in 1994, only 156 were listed as such on death certificates.

The result of the health system's compound fractures is frequently tragic. One-fourth of the drug deaths in the study released last week were due to allergic reactions. And other studies have found that 42% of the most serious drug reactions are preventable. Yet doctors and hospitals frequently overlook the obvious solution: more scrupulous tracking of patients who experience allergic reactions and familiarity with cross reactions among different drugs. Data collected by pharmacist organizations show that thousands more die from the cavalier prescription of strong medicines. One of the most frequent mistakes involves Coumadin, a potent blood thinner. Although the drug wards off blood clots and strokes in thousands of patients, it can be toxic for patients who aren't carefully monitored or warned about even simple dietary restrictions, including the need to avoid green leafy vegetables

Adverse reactions

The Food and Drug Administration collects voluntary reports of adverse reactions to prescription drugs through its MedWatch system. The number of side effects reported has increased in recent years.



Sensible solutions

Some hospitals have proved that many adverse drug reactions can be avoided through diligent tracking of medications and their effects. By using bedside computer terminals to chart and track drugs