



## Ignorance or apathy?

In April 2008, we wrote an essay addressing the deliberate reuse of needles by clinical staff at a Nevada endoscopy center. In an effort to save “a little” money, the clinic was “a little” sued by about 5,000 of the 50,000 patients possibly exposed to HCV, HBV, and HIV. Eighteen civil cases have been settled; lawsuits (and probable criminal charges against the clinic’s owner) are still pending.

A year ago, we learned thousands of veterans getting colonoscopies in FL, TN, and GA may have been exposed as far back as five years ago to hepatitis and HIV because of contaminated equipment used at the VA Healthcare System. Four Tennessee patients have tested positive for HBV, and six have tested positive for HCV.

Two clusters of meningitis were found in five U.S. women who received spinal anesthesia during labor; one woman died. Among features common to each cluster were the anesthesiologists; one did not wear a mask during these procedures as recommended by HICPAC (2007) to prevent infections from bacterium like *Streptococcus salivarius*, part of normal mouth flora.

Misuse of needles. Careless sterilization practices. Lack of surgical masks. All threaten patient safety. And now we have the threat of drug addiction.


Yes, one solitary soul managed in nine months’ employment to expose nearly 6,000 patients at two Colorado hospitals to her HCV. This surgical scrub technician illegally used the OR’s injectable pain medications, refilling the syringes with saline. She only came under suspicion after accidentally pricking a co-worker with a stolen syringe hidden in her pocket. Within two weeks, she obtained similar employment at a nearby surgery center where her gambit resumed. She is being tried for *infecting* three dozen people with HCV.

A suitable pearl of wisdom? “Is it ignorance or apathy? Hey, I don’t know and I don’t care,” said Jimmy Buffet (you know, “Margaritaville”). In these four cases, patient health safety was put in jeopardy by a handful of so-called healthcare professionals. The recurring question is: Why? In the first three instances, “apathy” could be one answer — “ignorance” might be another. In this latest episode, however, the inability among employees (especially supervisors) to recognize that surgical scrub tech’s active addiction might have played a role. In today’s workplace, being cognizant of “addictive behavior” could be crucial. (See page 28 to learn more about signs of substance abuse.)

Whether “addiction” is a definable disease has long been a subject of debate in the medical community. Often, the public voices doubt when “addiction” is used as an “excuse” for bad behavior. *Recovering* addicts of any ilk most likely will tell you that the lives they led as *active* addicts were not what they daydreamed about in second grade. Most would likely agree that, disease or not, a healthcare worker’s drug addiction could easily pose a threat to your healthcare facility’s patients.

America’s ongoing “romance” with drugs of all sorts should strike a serious safety chord with healthcare professionals of all stripes. Spotting *addictive* behavior stemming from alcohol and drug abuse (including legal prescriptions) is akin to spotting *suspicious* behavior of a would-be terrorist. Like setting fire to a shoe or a pair of boxer shorts full of explosives in an airplane, evidence of stealing and/or using drugs in the workplace is more apparent if you learn to identify the behavior.

Know what to look for in the people surrounding you — and in the surroundings in which you work. Get acquainted with newcomers to your area. Put more stringent checks and cross checks in places where pills, vials, and syringes are stored. Find out about your facility’s EAP in the event a co-worker needs help. Report suspected drug use and abuse through the appropriate channels. Impact patient safety in a positive way. Do not wait until *you* are accidentally poked by a clandestine drug-filled syringe.

  
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