



Mail Call: Going Where No Man's Gone Before

NEWSWEEK WEB EXCLUSIVE
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Readers hailed the new medical techniques, described in our July 23 cover story, that delay brain death and improve survival for victims of heart attacks and cardiac arrest. "My 74-year-old father was put under induced hypothermia last year after cardiac arrest," one said. "It felt like an episode of 'Star Trek' when they put him on ice, but his life was saved by this high-tech protocol." Another said, "Thanks for shining a light on a modern-day hero" in praise of Dr. Lance Becker, who heads the Center for Resuscitation Science at the University of Pennsylvania. One doctor urged caution: "Many ideas that make sense with great early tests don't pan out over prolonged study." But others called for more research and access to treatments. "The magnitude of the problem," one noted, "is that sudden cardiac arrest kills more Americans (more than 250,000 a year) than breast cancer, lung cancer, stroke or AIDS."

Saving Cardiac-Arrest Victims

Thank you for spreading the word about hypothermia treatment for victims of sudden cardiac arrest ("Back From the Dead," July 23). On March 19, my wife of 25 years suffered SCA in her sleep. Thanks to the quick response by police and paramedics who administered defibrillator shocks, she was resuscitated and transported to a hospital where doctors performed angioplasty and inserted two stents to a blocked artery. She was then treated with an Arctic Sun machine, which cooled her body temperature to 93 degrees. Four months later she has recovered well, with no apparent permanent damage to her heart or brain. This procedure is a valuable tool that can be of benefit to thousands each year and make for a better and faster recovery.

*Robert Platzer
Champlin, Minn.*

We're grateful you made the topic of sudden cardiac arrest the cover story of your July 23 issue. The work of innovative physician researchers like Lance Becker and the stories of survivors are truly inspiring. More widespread use of hypothermia can help save many lives that would otherwise be lost to SCA. We hope Jerry Adler's "Back From the Dead" will help increase public awareness that SCA is not the same as a heart attack. While a heart attack can lead to SCA, SCA can occur independently of a heart attack. SCA is typically caused by an abnormal heart rhythm and happens without warning. Without immediate treatment, the victim will die. Immediate treatment depends on swift intervention by bystanders and cannot rely exclusively on intervention by emergency medical responders. This is why it is so important for the lay public to learn CPR and how to use automated external defibrillators. The use of AEDs in public places such as airports, casinos, schools and health clubs is saving lives every day.

*Mary Newman and Henry Jampel, M.D.
Sudden Cardiac Arrest Foundation
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Cardiothoracic anesthesiologists and surgeons have been routinely applying the connection between hypothermia and brain protection for decades in the operating room. Anesthesiologists at major medical centers around the world apply a protocol that cools patients to temperatures between 15 and 20 degrees Celsius, sometimes lower, once the patient has been placed on a heart-lung machine (cardio-pulmonary bypass). When the patient has been cooled to what we call profound hypothermia, the bypass machine is turned off for the duration of circulatory arrest. This allows the surgeon to operate on a bloodless field, depriving the brain of blood supply and performing very high-risk procedures involving the major blood vessels of the heart (as well as the brain, namely giant cerebral aneurysms). Profound hypothermia is the only known factor that provides guaranteed brain protection during the period of sustained oxygen deprivation. Once the critical portions of the operation are done, we slowly rewarm the patient to the normal range and let him wake up in the intensive-care unit. These are very complex, invasive but gratifying procedures. Most of the time these patients do well and return to functional and productive lives.

Anesthesiologists have known for a long time that deep hypothermia protects the brain and have applied this knowledge to save innumerable patients.

*Harish Ramakrishna, M.D., F.A.S.E.
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A New 'Modesty Movement'

Some rabbis receive ordination from Yeshiva University; others from Jerusalem's Mir Yeshiva. But few can claim, as my husband now can, to have received rabbinical ordination from NEWSWEEK ("Girls Gone Mild(er)," July 23). Much as I am delighted by this development, I must point out that my husband is a technology consultant and not a rabbi. Your reporter also writes that my first book "informed readers [I] intended to remain a virgin until [my] wedding night." Actually, my book was about how modesty is misunderstood, so readers will search in vain for such references. (Personally, I'd like to see the expression "That's private" make a comeback.) Finally, I told the reporter that most of the girls I interviewed sought a new kind of empowerment, and that religion wasn't the main impetus behind what she dubs the modesty "backlash." This point did not make it into the piece. What got printed instead is a string of wrong assumptions about these girls, such as that they all hanker to "bring their moms on their dates." Journalists endlessly criticize today's poor role models, and yet as soon as somebody presents more wholesome ones, the very same journalists will rush to parody the latter as religious nutters who want to "turn back the clock." So who is really restricting girls' choices? It's certainly not the "rabbi's" wife.

*Wendy Shalit
Author, "Girls Gone Mild"
Toronto, Ontario*

Correction

In "sunny disposition" (TIP SHEET, July 23), we showed the wrong Murad product in the photo; it should have been the Essential-C Eye Cream, not the Oil-Free Sunblock. NEWSWEEK regrets the error.

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