



Medical College of Virginia
Virginia Commonwealth University

August 23, 1985

Henry J. Heimlich, MD
Professor of Advanced Studies
Xavier University
3800 Victory Parkway
Cincinnati, Ohio 45207-1096

Dear Dr. Heimlich:

I regret that you have misunderstood the process for revision of the "Standards and Guidelines for Cardiopulmonary Resuscitation and Emergency Cardiac Care". The meeting recommendations serve as an important, but not exclusive, source of input for the development of the new CPR Standards and Guidelines. The actual writing of the new Standards is ultimately the responsibility of the Conference Steering Committee. The draft document initiated from our panel is the first of several additional stages of writing, discussion, and peer review.

Much discussion, input, and review has occurred since the Special Situations panel. As chairman of that panel, I have solicited additional input from you, other members of the panel, and other noted experts in this field. I have shared each of the working drafts with you. The latest draft document is a consensus statement of the panel. At this point, you are the only member of the panel who objects to any portion of the draft document. I must emphasize that the draft document does not reflect my personal opinion but rather that of the group. I have served as a neutral author expressing the majority consensus opinion, pointing out areas where scientific proof is lacking and further research is needed.

Although your opinion about the need for your maneuver in cases of near-drowning is important and respected, in the opinion of the other panelists there is not yet adequate scientific proof that it is necessary, safe, or effective. Your 1981 article in the Annals of Emergency Medicine does not contain any scientific data from animal or human research. You neglected to forward the two strong letters of dissent published in the Annals of Emergency Medicine relating to your publication (enclosed).

The only human data your 1981 article refers to is Dr. Patrick's case report of the two-year old near drowning victim, published in a non-peer review trade journal. In the opinion of the group, this non-refereed case report raises more questions than it answers. Dr. Patrick states that he intubated the child and heard no breath sounds. Water was ejected from the tube following a Heimlich maneuver and:

"after attaching the bag with oxygen to the endotracheal tube, loud airflow sounds were heard over the left lung, while faint airflow sounds were heard over the right lung. A subsequent xray showed the stomach and intestines extensively dilated with gas."

An alternate explanation of these observations is that Dr. Patrick inadvertently inserted the endotracheal tube in the esophagus and didn't recognize it. Giving him the benefit of the doubt, even if this case report does represent a successful use of the Heimlich maneuver it is the only such evidence anywhere in the literature.

It is estimated that there are over 80,000 near-drowning incidents per year with 8,000 fatalities. For the last 25 years, hundreds of thousands of lives have been saved using mouth-to-mouth rescue breathing as initial treatment of the near-drowning victim. You are asking that the Standards recommend or at least permit the use of your maneuver first, in place of rescue breathing, based on very little scientific evidence. Two of the panel members, Drs. Alan Steinman and Martin Nemiroff representing the United States Coast Guard, object to the use of your maneuver unless there is evidence of (non-water) foreign body obstruction because of the risk of inducing vomiting and aspiration of gastric contents. There is as yet no data on how frequently ejection of gastric contents occurs in the drowning victim with your maneuver. Although vomiting may occur infrequently in the choking victim, drowning victims involuntarily swallow large quantities of water which might be ejected from the stomach with your maneuver. The breaking (jack-knifing) maneuver was abandoned by the Red Cross because of this problem.

As your views reflect an important (albeit minority) opinion, I have forwarded your memorandum of July 30, 1985 and your letter of August 19, 1985 to Dr. Ramiro Albarran-Sotelo. He is in charge of the next step in the review and writing process of this section. I have also sent a copy of your correspondence to Dr. Bill Montgomery, the chairman of the Standards Conference, who will share it with the Steering Committee.

Finally, I must comment on the manner in which you have related to me and the National Standards process. I recall that the night before the Special Situations panel in Dallas you warned me that if the Standards were not written to your satisfaction, you intended to "go to the media". I remember re-

sponding to your statement by saying that we each must do what our judgement and conscience dictates, but that I wished for you to understand that I would not allow such considerations to influence the fair and impartial manner in which the panel would deal with the scientific issues.

I am frankly angry that you have chosen to send a copy of your August 19 letter to the important officials listed at the bottom of your letter, most of whom have had nothing heretofore to do with the National Standards process or the issue. Such an action suggests to me that you are seeking to apply leverage to me personally or the committee to yield to your beliefs. It is a shame you cannot understand that all the Standards require is scientific evidence that the use of your maneuver is necessary, safe, and effective.

We all share a genuine interest in investigating your ideas further. As a result of this debate one committee member is designing a study to investigate the efficacy of your maneuver in the near-drowning dog model. If you are aware of any human or laboratory animal data published in a peer-review scientific journal which supports your beliefs, I urge you to share it with me and I will forward it to the appropriate individuals dealing with this section of the Standards in the upcoming months.

Very truly yours,



Joseph P. Ornato, MD, FACC
Associate Professor of Internal Medicine (Cardiology)

cc: Dr. Bill Montgomery
Dr. Ramiro Albarran-Sotelo
Special Situations panel members
President, American Red Cross
President, American College of Cardiology
Dean, Medical College of Virginia
President, Virginia Commonwealth University
President, American Heart Association
Director, Heart, Lung & Blood Institute