Communications for this section will be published as space and priorities permit. The comments should not exceed 350 words in length, with a maximum of five references; one figure or table can be printed. Exceptions may occur under particular circumstances. Contributions may include comments on articles published in this periodical, or they may be reports of unique educational character. Please include a cover letter with a complete list of authors (including full first and last names and highest degree), corresponding author’s address, phone number, fax number, and e-mail address (if applicable). An electronic version of the communication should be included on a 3.5-inch diskette. Specific permission to publish should be cited in the cover letter or appended as a postscript. CHEST reserves the right to edit letters for length and clarity.

Caught in the Web?
The Prospects of Online Health Information for Patients

To the Editor:

In the February 2003 issue of CHEST, Peterson and Fretz1 present the results of their study investigating patient use of the Internet for personal health information. We agree with their assertion that “an educated patient is best prepared to actively participate in his or her own care,” and that the Internet offers an “unprecedented opportunity for patient self-education.” However, the claim that “patients seem to have a misplaced faith in the quality of health-related information available on the Internet” is specious, at best. Certainly, there is the potential for Web sites to impart unsubstantiated health information, which might yield deleterious consequences for the unwary Internet user. But evidence suggests that there are many Web sites that provide patients with sound, evidence-based medical information that may be of unbounded benefit in the health-care decision-making process.2

A recent study3 in an internal medicine practice revealed that, utilizing the most conservative estimating methods, 27% of patients use the Internet to obtain health or medical information. This number is in concordance with previously published studies,4 although Peterson and Fretz5 obtained a result of 16%. With the proportion of patients using the Internet for health information increasing, health professionals should command a greater awareness of online health and medical resources that are available to patients. This does not mean that health professionals should exert more control over online resources. There are several organizations, including the Health on the Net Foundation, the Internet Healthcare Coalition, and Health Internet Ethics, that monitor the quality of online health information.6 Rather, it is imperative that objective evidence about the efficacy of Internet-based patient education materials be gathered by health-care researchers. A detailed analysis of this data may then be applied to ensuring patients’ access to high-caliber health and medical information online.

Joseph A. Diaz, MD
Brown Medical School
Providence, RI

Michael J. Stamp, AB
Center for Primary Care and Prevention, 111 Brewster St, Providence, RI 02906

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Correspondence to: Joseph A. Diaz, MD, Brown University Center for Primary Care and Prevention, 111 Brewster St, Providence, RI 02906

REFERENCES

To the Editor:

Dr. Diaz and Mr. Stamp raise two issues in our recently published study (February 2003)1 on patient use of the Internet for lung cancer information. First, as they correctly point out, previous studies have demonstrated a growing use of the Internet. As we pointed out in our article, we studied our unique patient population for the following two reasons: they were an older patient population; and they lived in a largely rural state. This allowed us to compare and contrast our results with those of studies of more urban populations. Second, our patients rated the quality of information on the Internet as equal to information from their physicians. While we agree that there are many sites with high-quality information, several studies have demonstrated2–5 that the overall quality of medical information is highly variable and that patients should be careful about accepting information without questioning. Dr. Diaz and Mr. Stamp also correctly point out that several organizations have developed standards for Internet information. However, these standards cannot be effectively policed at this time.6 We maintain our position that health-care professionals need to take an interest in assuring high-quality information for their patients. We do not see this activity as “exerting more control” but rather as taking the same interest in the quality of information on the Internet as physicians do for any other resource they want their patients to use.

Michael W. Peterson, MD
University of California San Francisco-Fresno
Fresno, CA

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Communications to the Editor
Steroids and Drotrecogin Alfa (Activated) for Severe Sepsis

To The Editor:

Although steroids for severe sepsis have a long and controversial history, many practicing intensivists are considering steroids based on several studies, suggesting efficacy in a defined group of patients with severe sepsis. In the largest trial to date, although steroids were useful in a limited population with relative adrenal insufficiency and refractory septic shock, mortality increased 5% in those with normal adrenal function, and > 50% of steroid recipients were dead at day 28. In a recent review by Marik et al (June 2002), a therapeutic approach to patients with presumed adrenal insufficiency, or for that matter lack of adrenal reserve, is recommended in patients with severe sepsis. However, the fundamental issues remain of how to define relative adrenal insufficiency in critically ill patients. More studies are needed to identify the prevalence of relative adrenal insufficiency, which will be dependent on the diagnostic criteria used to confirm this syndrome in critically ill patients. Additionally, we need to better define the precise dose and composition of steroids and the potential interaction of steroids and other proven interventions that have been shown to enhance severe sepsis outcome. Though many intensivists are “jumping on the steroid bandwagon,” we must remain cautious in our haste to accept the benefits of steroids without careful considerations of its effects, especially in patients who do not have adrenal insufficiency.

There has been growing optimism in the field of critical care medicine owing to our better understanding of the pathophysiology underlying severe sepsis. We now recognize that hemodynamic abnormalities appear to be almost universal in patients with severe sepsis, with the coagulation and fibrinolytic systems being profoundly deregulated during sepsis. Drotrecogin alfa (activated) has clearly demonstrated outcome benefit in patients with severe sepsis, perhaps attributed to its multiple mechanisms of action, including modulation of the inflammatory responses, and displaying both antithrombotic and profibrinolytic properties. Threatening bleeds and intracranial hemorrhage appear to be uncommon in approximately 2,756 treated patients in controlled and open-label trials (0.4% and 0.5%, respectively). The reduction in mortality with this drug is far greater than the risk of a serious bleed, especially in the high-risk, severe septic population. Although some would have expected overwhelming adoption of this novel therapy in both academic and community hospital settings, it appears that clinicians have been slow to adopt this highly beneficial, although cost-effective therapy. This is surprising since the study results were very positive, particularly in high-risk patients, and presented widely in the medical domain. Interinstitutional and interregional practice variations in employing this therapy may likely have several causes, including local practice style or habit, inertia, and economic pressures from hospital administrators and pharmacists. Given the magnitude of the problem of severe sepsis, a rigorous evaluation should be undertaken to further understand the nonscientific circumstances that have potentially influenced the implementation of drotrecogin alfa (activated) therapy for severe sepsis in ICUs. For now, it should be our desire as physicians to embrace new life-saving technology.