(n = 88) with stable COPD. The authors concluded that eosinophils play a role in COPD and that along with assessment of bronchodilator reversibility, this knowledge can help tailor pharmacotherapy targeted toward the airways of such individuals.

Several points are worthy of mention regarding the selection of patients included in their study, all of whom had a significant smoking history. For example, the authors mentioned that part of their diagnostic criteria included the observation of symptoms of “progressive breathlessness, productive cough, and occasional wheezing.” While undoubtedly these features are consistent with COPD, they are far from specific, and such symptoms are frequently found in asthma and other respiratory and nonrespiratory disorders.

Patients in the “bronchodilator reversible” group demonstrated mild airflow limitation with a mean FEV₁ of 54% predicted—consistent with either COPD or asthma. However, with a mean bronchodilator reversibility of 22%, it is pertinent to consider whether these were truly patients with COPD. Indeed, by definition airflow limitation tends to be fixed in COPD, rather than demonstrate significantly reversibility. Moreover, it is noted in the same group of patients that the median sputum eosinophil count was as high as 8%. It would also have been of interest if the authors had measured the gas transfer coefficient, which if impaired would have provided more convincing evidence of alveolar damage frequently found in COPD but not in asthma.

The results of the study therefore have to be taken lightly, in view of the highly questionable diagnosis of COPD. Moreover, if in fact the patients with significant reversibility and raised eosinophil count indeed had asthma—which may well have been the case (irrespective of smoking history)—it is certainly of grave concern that anti-inflammatory therapy with inhaled corticosteroids was not being instituted.

Graeme P. Currie, MD
Prasima Srivastava, MD
Aberdeen Royal Infirmary
Aberdeen, Scotland, UK
Daniel K. C. Lee, MD
Ipswich Hospital
Ipswich, UK

REFERENCES

The Intensivist Shortage
Put Patients Before Politics

To the Editor:

Emergency physicians are deeply concerned about the critical care crisis.1–3 Annually, 1.4 million patients are admitted to the ICU through emergency departments.4 Lack of ICU beds is the most common factor driving emergency department overcrowding and ambulance diversion.5

The authors of the recent CHEST series on this topic1–3 are so concerned that they want the federal government to relax its immigration laws so foreign medical graduates can be recruited into American critical care fellowships. Ironically, our country already has a potentially ample supply of qualified and interested candidates for critical care training: graduates of emergency medicine residency programs.

Unfortunately, only a minority of critical care fellowships accept emergency medicine residency graduates for training.6,7 Despite an intensivist shortage described as “dramatic, alarming, compelling, unprecedented and threatening,”1–3 the American Board of Internal Medicine proposes limiting access further by eliminating slots program directors previously could fill with non-internal medicine applicants. All this will do is create more unfilled slots.

The few emergency physicians who manage to complete a critical care fellowship are barred from taking a US certifying examination. This is the major reason why emergency medicine graduates do not seek formal training in critical care, according to an informal survey of the Emergency Medicine Residents’ Association estimated 5,000 members (C. Elie, MD; personal communication; May, 2004). The American Board of Medical Specialties has been asked to reconsider their position on numerous occasions, but has declined to do so.

Before asking Congress to change our immigration laws, shouldn’t the American Board of Internal Medicine and the American Board of Medical Specialties drop their opposition to critical care training and subsequent board certification for residency-trained emergency physicians? There is a nationwide shortage of properly trained intensivists that must be addressed. It is time to put patients before politics.

J. Brian Hancock, MD
Tiffany Medlin Osborn, MD
American College of Emergency Physicians
Dallas, TX

REFERENCES