Most physicians would forgo aggressive treatment for themselves at the end of life

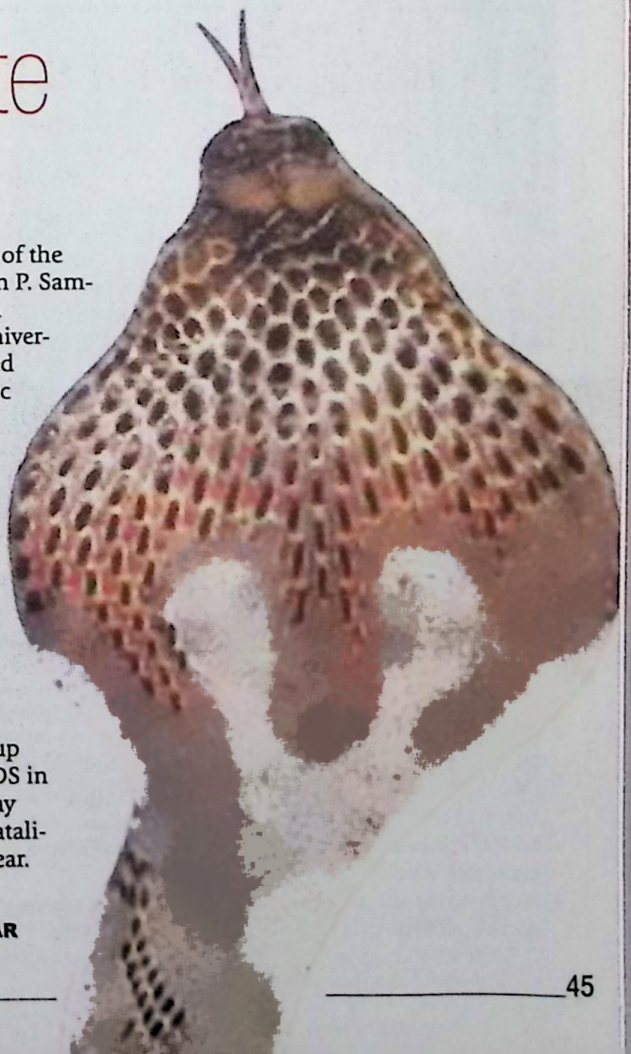


Most physicians would choose a do-not-resuscitate or "no code" status for themselves when they are terminally ill, yet they tend to pursue aggressive, life-prolonging treatment for patients facing the same prognosis, according to a study from the Stanford University School of Medicine to be published May 28 in PLOS ONE.

It's a disconnect that needs to be better understood, said VJ Periyakoil, MD, clinical associate professor of medicine and lead author of the study.

"Why do we physicians choose to pursue such aggressive treatment for our patients when we wouldn't choose it for ourselves?" writes Periyakoil. "The reasons likely are multifaceted and complex."

Universal antidote for snakebite



A team of researchers, led by Dr. Matthew Lewin of the California Academy of Sciences and Dr. Stephen P. Samuel of Trinity College Dublin, Ireland has taken another promising step toward developing a universal antidote for snakebite. Last summer, the team tested the effectiveness of a nasally administered antiparalytic drug on mice injected with high doses of Indian cobra (Naja naja) venom. Mice injected with otherwise fatal doses of venom outlived and in many cases survived after being treated with the antiparalytic agent, neostigmine. These findings support the team's idea that providing fast, accessible, and easy-to-administer treatment can increase survival rates in victims of venomous snakebite.

The results of this pilot study were recently published in the Journal of Tropical Medicine.

Snakebite is one of the most neglected of all tropical diseases, with nearly 5 million people bitten by snakes each year. The number of fatalities globally is up to 30 times that of land mines and comparable to AIDS in some developing countries. Lewin's new approach may dramatically reduce the number of global snakebite fatalities, currently estimated to be as high as 94,000 per year.

Compiled by AMITAVA KAR