

Catheter infections: Tripled death risk

Some 7.5 million Americans undergo bladder catheterization, a common hospital procedure, every year. A half-million of them will acquire urinary tract infections from the catheters. And these half-million are three times more likely to die than are catheterized hospital patients who do not develop urinary tract infections, according to a study reported in the Sept. 9 *NEW ENGLAND JOURNAL OF MEDICINE*. The study was conducted by Richard Platt of the New England Deaconess Hospital in Boston and colleagues.

"It is a provocative finding," declares Robert Haley, director of the Hospital Infections Program of the Centers for Disease Control in Atlanta. "If true, it would really change the way we look at hospital urinary tract infections. In the past the problem hasn't seemed to be nearly as great."

"I think the results are not surprising," asserts John Burke, a physician with the University of Utah School of Medicine in Salt Lake City who has been studying catheter-caused urinary tract infections. "They verify what has been arrived at by other methods of estimation for many years. I think they underscore the importance of urinary tract infections."

Adds Timothy Townsend, a hospital epidemiologist with the Johns Hopkins Medical Institutions in Baltimore: "I think it tells us something we had kind of suspected before, that putting a catheter in a person carries a risk."

Platt and his colleagues followed the medical fate of nearly 1,500 catheterized hospital patients to see how many developed urinary tract infections and how many deaths could be attributed to these infections. They found that of the 1,500 patients, 131 acquired urinary infections, of whom 25 died prior to hospital discharge. When confounding variables—age, severity and type of illness, duration of catheterization, blood chemistry and person inserting the catheter—were omitted, 12 of the 25 appeared to have died from catheter-caused urinary infections. Further analysis revealed that a catheter-caused urinary infection triples a catheterized hospital patient's chances of dying. A threefold increase isn't very significant for a hospital patient who has a small chance of dying in the first place, Platt explained to *SCIENCE NEWS*, but it is for a patient who is already in grave health.

A critical question about the study results, however, is whether catheter-caused urinary tract infections truly lead to death or only happen to be present in patients who die from the illnesses for which they were hospitalized in the first place. "It is possible," Platt and his colleagues admit, "that infection was confounded with causal factors that either

didn't enter the analysis or did enter the model but were inaccurately measured." Haley too is not totally convinced that the influence of preexisting illness on the results was completely ruled out. Townsend, in contrast, is. "I think the conclusions drawn from the data are reasonable," he says.

"But the real issue that remains unresolved," Burke contends, "and one that has to be settled by further study is whether efforts to identify high risk patients and to prevent infections in them in turn results in a reduced mortality rate." Platt and his team are now undertaking such a study.

—J.A. Treichel

Asbestos debt threat—who will pay?

Manville Corp., the nation's largest producer of asbestos, claims that results of an epidemiological study completed in August compelled the firm to file for Chapter 11 under the Bankruptcy Code. The company is reeling under "the largest tort litigation explosion ever witnessed," its senior vice president told a House subcommittee on labor standards Sept. 9. Earl Parker testified that only by filing now could Manville ensure that asbestos-disease claimants receive the money owed them in coming decades. But there are some who question whether Manville is really as altruistic as Parker's claim would suggest. In every way, the Manville debacle presents a strange case in terms of both bankruptcy law and science policy.

If one takes Parker at his word, Manville's predicament stems from the inability of science to yield the unassailable data that his firm would have needed to determine disease risks and that its insurers now need to determine the precise onset of long-latency diseases associated with asbestos exposure. Others counter that Manville is reaping fruit borne in decades of fraud. All these issues have recently been thrown at the courts for sorting out.

Manville is not the model bankruptcy petitioner. "You take a look at almost any bankruptcy proceeding," explains Charles Vihon, a bankruptcy-law consultant in Cape Elizabeth, Maine, "and what you're talking about is the need to get money. But that's not what's involved at Manville. Manville's current operations are quite successful. It only projects that sometime in the future it will have a massive liability which [could] eat up its assets."

But Parker noted that when a firm is faced with contingent liabilities (those that are probable and can be predicted), federal law requires one must "book a reserve [fund] for the liability in an amount equal to the estimated cost." With 16,500 asbestos-related health lawsuits already

pending, Parker said his firm must reasonably budget at least \$40,000 per case as an average settlement, or a total of \$660 million "even before allowing for inflation." What tipped the balance was an epidemiological study that Alexander M. Walker of Epidemiology Resources, Inc. in Chestnut Hill, Mass., had performed for Manville. It forecast that between now and the year 2009, Manville could conservatively expect another 32,000 disease cases that could lead to litigation (see table). Together, these pending and probable cases would require a reserve fund of roughly \$2 billion, Parker said, "again without any allowance for inflation." For Manville, whose net worth is \$1.1 billion, "this is clearly impossible," Parker said, "even on a liquidation basis."

Parker added that Manville's failure to file for Chapter 11 now would have led to a situation where major creditors would have required that their debts be secured by Manville's assets. Asbestos-health litigants, lacking such secured status, would then be in a subordinate position to other creditors. "Our Chapter 11 filing essentially assures that all classes of creditors, including asbestos litigants, have equal footing," Parker said.

"My response to that is that it sounds awfully altruistic," Vihon says. "I sincerely hope they have a chance to get it challenged in court." Because most firms would not go the Chapter 11 route without firmer contingent-liability projections, Vihon suspects there are other interests at play in the Manville case.

"Manville is juggling a lot of balls in the air. The one that they want you to look at is this situation they've got themselves in with respect to the asbestos claimants. But what's really shrewd is that one of the other balls they're juggling is the political one": namely, Manville's claim that Congress should come to its aid since many of the worst asbestos-exposure cases occurred among workers at government-

Projected Asbestos Lawsuits and Their Cost

Year	Mesothelioma*	Lung Cancer*	Asbestosis*	Lawsuits	Average Cost	Total cost (millions)
Backlog 12/31/82	N/A	N/A	N/A	12,748	\$40,600	\$ 517.6
1982-1985	1,119	809	15,525	17,453	40,600	708.6
1986-1990	1,517	788	7,525	9,830	40,600	399.1
1991-1995	1,577	597	2,800	4,974	40,600	201.9
1996-2001	1,750	466	1,300	3,516	40,600	142.7
Total	5,963	2,660	27,150	48,521		\$1,970.0

N/A — not available

*number of cases

Manville Corp. & Walker data