Dear Richard and Jonathan,

I was quoted in a recent column by Maureen Dowd on the care of a stroke patient, and would like to place my remarks in context. The issues that I discussed with Ms. Dowd were complex and took place over several hours. Unfortunately, some of my comments were taken out of context of the larger discussion and have been interpreted as disparaging the care now provided in Emergency Departments, rather than trying to further improve stroke care in general. I feel badly about that and apologize for any misconceptions. I did not mean to throw any stones at emergency physicians. Instead I wanted to comment on the general care of stroke patients.

The patient discussed was a very athletic woman. In fact, her vertebral artery dissection was diagnosed correctly and acted on in the ED. I pointed out the importance of vascular imaging in her case and in other patients with TIAs and strokes. She was given advice to curtail athletics, and neck and other body movements. Following this suggestion led to depression and became more disabling than the stroke. I wanted to point out that undue limitations on activities were unwarranted and can become disabling, often more than the stroke itself.
I also wanted to urge individuals to become better consumers. If they had a neurological problem to seek a major hospital that had expertise in managing neurological disorders and stroke. That was the context of the sentence quoted in the article: “If you had a Rolls Royce you would not take it to a local gas station” comment. This comment had nothing to do with EDs or even the emergency phase of care for which it is critical to go to the nearest ED (or the one with the highest acuity if also near) in order to arrive in time for acute treatments. It was aimed at finding centers with special expertise if one had a special potentially complex established or chronic neurological problem.

As for being “afraid” to go the ED, apart from patients’ fears of long waits, physicians not having access to their past records and not knowing them, and not having their own doctors involved (systems issues that do not relate in any way to the competency of emergency physicians), I meant to convey the notion that patients are afraid because they are sick and in an unfamiliar environment. The patient discussion was focused on general care and not on the ED and I do not think being in an ED is dangerous, but it is frightening to many patients.

Please feel free to convey these thoughts to your colleagues and again I apologize for these quotes taken out of context that do not reflect my admiration for you, your group here at BIDMC and your colleagues across the country.

Louis R Caplan MD

[Signature]