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To the Editor: I am responding to the article by Dr. Wain Allen about rural obstetrics. I applaud Dr. Allen for his efforts in this worthwhile part of family practice and also applaud his successes as evidenced by his study. It is refreshing to see other family physicians who have not yet abandoned the practice of obstetrics. There is a real "bonding" between the family physician and the family when childbirth occurs.

Because obstetricians, in both specialties of OB-GYN and Family Practice, are dropping the practice of obstetrics in increasing numbers, this would be an excellent time for our specialty to encourage our residents to consider this valuable part of family practice and stake our claim there. We can definitely do no harm, in the public's eye, to our image by providing a quality service, which is harder and harder to obtain.

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Decubitus Ulcers

To the Editor: Perdue and Wilson have written an excellent review of decubitus ulcers (January–March 1989). They have covered a variety of treatments but have neglected prevention. They have shown that with fluid support, which distributes weight uniformly over the largest possible area of surface contact, skin pressure still equals or exceeds capillary pressure, resulting in anoxia of the skin. When operating on a limb in a bloodless field, we are taught to release the tourniquet briefly every hour. Similar relief of skin pressure results from turning the patient from side to side; every 2 hours is the standard because this is the longest period usually tolerated, and the attendant's time costs money. When a worker is late or absent, the chart will still document "turned every 2 hours," and we may wonder why a decubitus ulcer was noted a few days later.

Many lawsuits are filed by children of elderly patients. The children feel guilty of neglecting the parent who has been placed in a nursing home, and the lawsuit is an attempt to shift their guilt to the doctors and the nursing home.

Automatic recordings of sleeping persons show movements to change position every 5 or 10 minutes. Sensory or motor impairment that prevents these spontaneous movements makes decubiti likely.

The alternating pressure air mattress that changes the areas of skin pressure every 3 minutes has been described as very effective. However, placing a foam pad on top of it will tend to restore uniform pressure and negate its effectiveness. Some air-support beds that appear to provide uniform pressure probably work by the turbulence of air that allows intermittent blood flow to all areas of the skin.

An even better device is a mattress that automatically and gently turns the patient from side to side at any desired interval. This product is available commercially.

Many elderly people have such fragile atrophic skin that a shearing force that would normally produce only an abrasion in others will give them a gaping laceration. However, to produce an ulcer, this shearing force is not enough; pressure ischemia must first have devitalized the skin.

To prevent decubiti, either more intensive nursing care, with turning at least every hour, or one of the mechanical devices to relieve skin pressure at more frequent intervals is needed.

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Corrections

The Consultant Family Physician (January–March 1989; 2:35-6). In Table 2 and Table 3, under the heading "Reason," the phrase "For a procedure I do" should have been "For a procedure I do not do."

Editors' Note (January–March 1989; 2:3). "Hartman, Bill, M.D." should have been "Hartmann, William, M.D." We regret the error.

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