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any principled distinction between active and passive means of bringing about the death of an infant.

These questions must be answered. If they cannot, which I believe is the case, then the proposed policies espoused in this journal and elsewhere must fail. The most fundamental requirement is that any law or policy must meet the minimal requirements noted above. To date no one has produced a policy for selective non-treatment that does so.

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Catheters: A Matter of Negligence?

Dear Editors:

I am writing in reference to an article in the April 1982 issue, *Communication Failure: Some Case Examples.* In the review of *Sanchez v. Bay General Hospital* the author refers to an atrial line that was placed to draw off air emboli. I have been involved with critical care nursing for seven years and am unfamiliar with the utilization of such a line. We routinely place catheters in the right atrium of the heart for the express purpose of administering fluids and medications. In the *Sanchez* case there were apparently some deficiencies in the delivery of care; however, I am concerned that incorrect information was used as part of the plaintiff's case.

If the catheter that the patient actually had in place was a pulmonary artery catheter then it would be appropriate not to use it for the administration of medications. Catheters used for placement into the pulmonary artery are generally of the Swan-Ganz type which is a multiple lumen catheter. It does have a port that opens into the right atrium of the heart and one that opens into the pulmonary artery.

Another point that I feel is inaccurate is the catheter's purpose of draining off air emboli. The tip of any catheter that is placed in a chamber of the heart or in the pulmonary artery is prone to movement and thus unlikely to be of use in removing air that might enter the circulation. I might add that I am totally unfamiliar with the idea of being able to aspirate air from the circulation, as hopefully not that large a volume ever enters the circulation. Also, small amounts of air are quickly assimilated into the blood or block off small vessels and cause their damage without time or ability to be aspirated.

I found the case interesting, but feel that the major point of negligence was in the lack of immediate and close observation of a post-operative patient. The discussion over the atrial line created confusion, and I wonder whether some information is lacking.

As a final comment, I find *Law, Medicine & Health Care* a useful and informative journal.

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Jane Greenlaw responds:

The undisputed facts in the Sanchez *case as stated by the California Court of Appeals, Fourth District, Division One, were that "on the morning of the surgery, Dr. Norman Siderius placed an atrial catheter in Sanchez by inserting a plastic tube with a needle on the end into the vein of her left arm and advancing it up the vein until it entered the upper right mid-atrium of her heart. The purpose of the catheter was to drain off any air embolism that might develop."*[1] *Apparently, neither the accuracy of this description nor the efficacy of the procedure was at issue during the trial.*

Readers' comments are invited.

Reference

1. Sanchez v. Bay General Hosp., 172 Cal. Rptr. 342, 344 (Cal. App. 1981).

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