Letters to the Editor

September Editorial Clarified

To the Editor:

My first reaction to Dr. Charles S. Bryan's editorial in the September issue of *Infection Control*[1] was that it offered "an interesting approach." But the more I thought about it the more something bothered me. In fact, a lot of things bothered me. I have decided that his concept is just another example of the "Doctrine of Divinity" that many doctors still seem to want to perpetuate.

First, Dr. Bryan is overlooking some basic elementary facts (yes, epidemiologic facts) about infection control in hospitals:

1) All hospitals have epidemiologically important bacteria as part of the ambient flora.
2) All patients should be considered susceptible to infections due to their immobility, possibly decreased nutritional status, invasive procedures, indwelling lines, antibiotic therapy, and the stress of hospitalization.
3) Colonization with this ambient flora occurs among physicians as well as among other patient care personnel and patients.
4) Physicians, also, unconsciously touch their noses, faces, and mouths, thereby possibly contaminating their own hands with colonizing flora. Physicians, also, can be shedders.
5) Washing between each patient contact is the highest standard possible—if you accept a lower standard to start with, your average will never be acceptable.

Second, I am unclear what the revisionist interpretation of Dr. Semmelweis has to do with Dr. Bryan's reason for lowering the standards for handwashing by physicians. Dr. Bryan's handwashing recommendations seem to reflect the underlying attitude of only needing to wash when hands are obviously soiled. Why should handwashing standards be any different for doctors than they are for other patient care personnel?

Finally, it is really a sad commentary if physician epidemiologists can only relate to physicians, and nurse epidemiologists can only relate to nurses. That's a lose-lose situation and surely the devil does indeed win.

If historical perspective is of interest to Dr. Bryan, perhaps he might find this look at the past, present, and future to be helpful.[2]

REFERENCES

1. Bryan CS: Of soap and Semmelweis (editorial). *Infect Control* 1986; 7(9):445-447.
2. Brown AF, Otterman JL: "The coccus-conscious" or "the conscious careful". *Infect Control* 1987; 8(1):34-35.

Joan L. Otterman, BSN, RN, CIC
Nurse Epidemiologist
Glendale Adventist Medical Center
Glendale, CA

Dr. Charles Bryan responds to Joan Otterman's letter:

I thank you for expressing your thoughts and concerns. An adequate response requires a defense of the current CDC guidelines, an account of my own activities, and a clarification of a key aspect of the Semmelweis dilemma which may have been inapparent to Ms. Otterman, and perhaps to other nonphysician readers.

First, I can reassure Ms. Otterman that I, too, attach importance to all but the last of the "basic elementary facts."[1] However, these seemed too well-known to require recitation in the editorial pages of *Infection Control*. Ms. Otterman's fifth "basic elementary fact" suggests either unfamiliarity or disagreement with the new CDC guidelines.[2] These guidelines recognize that "the absolute indications for and the ideal frequency of handwashing are generally not known." They further stipulate that many routine patient care activities involving direct patient contact (such as taking a blood pressure reading) and most routine activities involving indirect patient contact do not require handwashing.

Second, I did not state in the editorial that handwashing guidelines for physicians should differ from those for other personnel, nor did I state that washing should be done only when hands are obviously soiled. I fail to see how Ms. Otterman gleaned either of these conclusions from my editorial. Apart from emergencies, "obvious soiling" of hands should be extremely rare since gloves should be worn when such circumstances are anticipated.

Finally, I did not state that physician epidemiologists should relate only to physicians and nurses only to nurses. I feel strongly that physicians can and should teach nurses and also that nurses can and should teach physicians. Both physicians and nurses should emphasize *rational* handwashing based on proper appreciation of epidemiologic principles. I came to this conclusion many years ago, based on making infection control rounds with our nursing staff.

For years, we have made the "fifteen second handwashing drill" a standard feature of these rounds.[3] An account of this drill may be worthwhile. (Although some readers might consider the following to be somewhat chauvinistic, I defend the right to teach by the Socratic method). The dialogue usually goes as follows:

Epidemiologist (to a newly arrived nursing student, chosen from the group assembled at the nursing station): What is the single most important infection control measure?

Student: Handwashing.

Epidemiologist: Good! And what is the recommended duration for routine handwashing at this hospital?

Student (hesitating): I don't know.

Epidemiologist: Come on, take a guess!

Student: Three minutes.