Criminal negligence towards workers' health Heart tests ignored at New York City's Harlem Hospital

Peter Daniels 4 June 2010

Nearly 4,000 tests for heart disease that were performed over the past three years at New York's Harlem Hospital Center were never read by doctors as required, according to a report several days ago in the *New York Times*.

Technicians were given the initial responsibility for screening the echocardiogram tests, in a system that broke down and led to long-term neglect of thousands of patients between 2007 and 2010. The situation was discovered only recently during a routine review of hospital records. Columbia University supplies the cardiologists and other physicians at Harlem Hospital, in an affiliation contract like others between New York's municipal hospitals and private teaching hospitals and medical schools.

Echocardiograms are safe and effective noninvasive sonograms of the heart that can help diagnose an enlarged heart or other abnormalities, including heart valve problems and signs of coronary heart disease. More than 10 million of these tests, also called cardiac ultrasounds, are performed annually in the US. About 2,500 are performed each year at Harlem Hospital. Apparently half or more of these tests were simply never examined by physicians.

After a hasty review of the records, along with a rush to read tests that had been sitting around for up to three years, officials reported that 200 out of the 4,000 patients involved in the neglected tests had died.

Alan Aviles, the president of New York's Health and Hospitals Corporation, a local government agency, rushed to announce that the great majority of these deaths probably had no relationship to the cardiac ultrasound tests. "I don't think I want to talk about deaths or numbers," said Aviles, in damage control mode. "I'm sure you can appreciate that over this period of time somebody could have an echocardiogram and they could have died from a motor vehicle accident, from colon cancer, from any number of things. And so making that connection is not something to be taken lightly.

A day earlier, however, he had issued a statement acknowledging that "the failure to read the echocardiograms in a timely manner is inexcusable and may have placed patients at risk." According to the *Times*, investigators were looking into the case of one patient who died soon after having the test. It is almost inevitable that the deaths of some of the patients were at least hastened. In any case, they were subjected to risks that one physician characterized as "bordering on malpractice."

A cardiologist from another hospital who was helping to read the tests reported that about half of them were abnormal and 20 to 30 percent needed immediate care, which of course they had not received. The doctor, speaking anonymously, said he was seeing lifethreatening conditions on the old tests, like aorta abnormalities and buildup of fluids. "This is very, very appalling, and to go on for three years, either the patients are dead or they're alive by some miracle of God," said the cardiologist.

Other doctors at Harlem reported that they had gone through official channels on a number of occasions in recent years to complain about understaffing, but that nothing had been done. According to the hospital, it had six attending cardiologists and six in a fellowship program 10 years ago, and today the fellowship program has been discontinued, and the number of fulltime cardiologists is down to three.

Aviles announced the firing of the clinical director of the hospital's department of medicine and the demotion of its medical director.

Any attempt to suggest that this scandal is simply the responsibility of one or two individuals, however, would be a complete cover-up of the reality. It is an indictment of a system of medical care, and not simply the action of a few incompetents.

It may well be that the incident at Harlem Hospital was unusual, but it is also true that it happened in a climate of class-based medicine. It is a concrete and quantifiable expression of a broader phenomenon.

While Harlem has experienced an accelerating gentrification in recent years, 25 percent of the neighborhood's population lives below the poverty line, and the median income is barely \$30,000.

As in every sphere of life, the poorest sections of the working class and the general population are treated with a combination of indifference and contempt. Those who are less knowledgeable on medical issues or unable because of the pressures they face in daily life to follow their own treatment are often simply neglected. Those who do not ask about test results are sometimes ignored.

Whatever the immediate trigger, there is a climate characterized by indifference, low morale and, as far as medical care is concerned, far less attention paid to patients who are either uninsured or covered by Medicaid, as is undoubtedly the case with many of those at Harlem Hospital.



To contact the WSWS and the Socialist Equality Party visit:

wsws.org/contact