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From Breast Cancer to Bedbugs – Really?

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Journal of Patient-Centered Research and Reviews (JPCRR) is a peer-reviewed scientific journal whose mission is to communicate clinical and bench research findings, with the goal of improving the quality of human health, the care of the individual patient, and the care of populations.
The first issue of the Journal of Patient-Centered Research and Reviews was focused on melanoma. Topics in this second issue range from breast cancer to bedbugs, and include nursing home readmissions, breastfeeding and e-cigarettes. One might expect the principal audience for this general issue would vary significantly from that of the first. I hope not.

In the cover article, Moussavi-Harami and colleagues discuss the potential of circulating tumor cells as a marker for disease progression in patients treated for metastatic breast cancer.1 This review is an excellent example of the process by which dynamic bench research discoveries are brought to the everyday care of patients in clinical practice.

The second review article discusses the resurgence of bedbugs in the United States.2 The bottom line is there are many contributing factors, and the hypotheses concerning these factors are as interesting as the “scientifics” of more high-profile diseases (provided you are not the one who actually has the bedbugs).

The issue’s first original research article analyzes a large database of skilled nursing facilities in Michigan. The authors examine the very important topic of hospital readmission within 30 days of admission to a skilled nursing facility and conclude that maintaining or improving a patient’s daily activities may significantly reduce the risk of hospital readmission.3 The findings of the second research article indicate breastfeeding confidence among women at an urban medical center does not translate into successful breastfeeding initiation.4 Importantly, both studies suggest plans for improvement. These two issues are of concern not only to those who practice or study general medicine but to accountable care organizations, broad-ranging policy makers and individual patients.

Finally, the Clin-IQ article on e-cigarettes addresses the vexing problem of tobacco dependence in our country. E-cigarettes hold some promise for reducing short-term negative health effects of smoking.5 Much more is to be learned regarding e-cigarettes, not only on the scientific and individual health risk side but on the societal side (take, for example, my seeing an individual smoking an e-cigarette in an airport waiting area).

Which brings me back to the topic of general readership. Why should one read articles on breast cancer and bedbugs with equal enthusiasm? For the sake of patients, of course. At a given moment, in your office or on your floor, a patient with a serious life-threatening chronic disease like breast cancer might actually be most concerned about the bedbugs in her house. Her ability to focus on her cancer treatment may, in fact, hinge on resolution of the infestation. Having the ability to briefly engage on the subject can have a therapeutic benefit. A different patient with breast cancer may want to know what new discoveries lie on the horizon, including ways to monitor her disease progression. Regardless of your role on the health care team, someone is liable to ask you about e-cigarettes.

An associate dean once remarked at a graduation that being educated was very different from getting a degree. An educated person learns as much as they possibly can. This includes being a student of the daily lessons of life, listening to wise individuals, traveling, seeking out educational books and films, and, yes, reading general medical journals. If you are a nurse, therapist, pharmacist, clinician or any health professional, your ability to better relate to a person may well depend on something you read, something you experienced or somewhere you visited. This extra bit of connection can greatly improve that patient’s experience and improve the effectiveness of your care.

Again, this journal was written for you, but, ultimately, it is for our patients!

References