

Media Sees Trees, Not Forest With Sen. McCaskill Rib Fracture



By Jamie Wells, M.D. — June 26, 2018



Credit: Senator Claire McCaskill via
Flickr ^[1]

It is a common human problem not being able to see the forest for the trees. The other day Senator Claire McCaskill was choking at a lunch with colleagues. She couldn't breathe, turned color and 911 was called as the situation grew very "scary ^[2]." Senator Joe Manchin stepped in and successfully performed the Heimlich ^[3] maneuver. Then came the media headlines, among them: CNN "McCaskill suffers broken rib," CNBC "Colleague cracks Sen. McCaskill's rib...", USA Today "...McCaskill has cracked rib."

This left me puzzled. Joe Manchin saved her life. With such swift action, he prevented neurological impairment and disability. Yes, he cracked a rib in the process, but I could not find a related article or news piece that explained this could and does happen - as can injury, in general - in the realm of cardiopulmonary resuscitation (CPR) and rescue maneuvers. When the stakes are death and disability, the worry of cracking a rib should not impede decisive action.

Though a fractured rib can cause discomfort and, less often, secondary adverse effects, these types of issues in such a setting are traditionally more minor. With an emphasis in media reports on this and her inability to hug at her next public event, I started thinking about how the bigger picture was all but a footnote in the narrative. This is not dissimilar from arbitrary metrics employed by government when accounting for hospital readmission rates and so-called "poor" outcomes.

This rib fracture would be considered by a physician an inconvenience of surviving a life-death event. Long-term existence without any profound deficits is a major win. By the governing agencies data and reimbursement measures, it would be deemed a "poor" outcome which all but

tells you how not so relevant those metrics can be - though the numbers can be interesting, they routinely are insufficient to capture the complexity of the situation.

There are consequences to medical interventions, doing much good can be accompanied with some bad. The former should ideally far outweigh the latter. For example, complicated vaginal births come to mind. It is not uncommon for a newborn to fracture a clavicle in these scenarios, whether a result of intentional breakage by the obstetrician to facilitate birth in a dangerous and escalating set of circumstances that imperil the baby or due to spontaneous occurrence with a much larger infant struggling through the canal. A pediatrician would consider a fractured clavicle under these and similar conditions as almost a normal or natural repercussion of birth trauma. These breaks typically heal well and expeditiously. Aside from needing to be a bit gingerly on that side during holding or dressing changes in the first few weeks of life, the impact is generally minimal and the ramifications purely cosmetic (there can be some asymmetry to the clavicle's appearance) if at all.

But, once again, we are often reduced to a billing code that highlights "complication" at the expense of gratitude for avoidance of the catastrophic alternative - a dramatically developmentally impaired child or, worse, a fatality.

The 10-foot view is important. But, getting stuck in it without the 50,000-foot perspective is misguided and will never tell the whole story. Putting such medical accounts into context in the media, healthcare space and daily life is important - it is the only way to dispel myths and not perpetuate them. The absence of this keeps us stuck in the trees, a path therapeutic for no one.

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Links

[1] <https://www.flickr.com/photos/senatormccaskill/16786445485>

[2] <https://www.cnn.com/2018/06/25/politics/joe-manchin-claire-mccaskill-choking-rib-congress/index.html>

[3] <https://www.acsh.org/news/2016/12/19/dr-heimlich-choking-man%E2%80%99s-hero-dies-96-10610>