

Opinion

**Pro & Con**

**Does every physician's office need an automated external defibrillator?**

**Yes**



**DR. GLENN LAUB** is CEO of the AED manufacturer Defibtech and director of the Heart Hospital at St. Francis Medical Center in Trenton, N.J.

Much like a fire extinguisher in a home, an automated external defibrillator belongs in every physician's office in America.

Although it may be used more frequently in a cardiologist's office than in a dermatologist's office, an automated external defibrillator (AED) is useful and cost effective in both settings.

Physicians need to consider more than just the type of patients in their practice when deciding on an AED. The distance to the nearest hospital or the likely response time for an ambulance should be taken into account as well.

Statistics on the incidence of sudden cardiac arrest in physicians' offices vary and are often underreported. Overall, about 340,000 Americans die each year from sudden cardiac arrest, according to 2004 statistics from the American Heart Association, which also reports that sudden cardiac arrest accounts for 19% of sudden deaths in children aged 1-13 years.

Without defibrillation, only 2%-5% of victims of sudden cardiac arrest survive, compared with 50%-70% of those who receive defibrillation within 3-5 minutes.

Cost was a major obstacle to deployment of AEDs about 5 years ago, when a single device cost about \$4,000. But prices have come down dramatically, and a practice can now purchase an AED for as little as \$1,500. While it may seem like a lot of money, over the 5- to 10-year lifetime of the device, it's only a couple of hundred dollars a year.

Purchasing an AED for your office might also become important for liability reasons. There have already been lawsuits filed outside the medical arena when defibrillators haven't been readily available in public places. It's not a stretch to think that physicians could be targets of such litigation in the future.

But whether the device pays for itself is a narrow way of looking at this issue, especially in medicine. AEDs dramatically increase survival rates from sudden cardiac arrest, and all patients deserve to benefit from this technology.

**No**



**DR. PETER CRAM** is an assistant professor of medicine at the University of Iowa College of Medicine in Iowa City.

In a world of unlimited resources, automated external defibrillators would be everywhere.

But unfortunately, resources are finite, and practices have to make tough choices about how to spend their money.

Buying an AED today will mean less money down the line to pay for something else—an electronic medical record system, uncompensated care, or even clinical staff to measure blood pressures or perform other preventive care services for patients.

If you go on the Internet today, you can probably get an AED delivered to your office for about \$2,000. Then you need to add an extra \$100 a year for any maintenance and training. It's relatively inexpensive, but with tight budgets, it means that there will be some type of a trade-off.

Physicians need to consider the probability that a sudden cardiac arrest will actually occur in their office. In public locations, having an AED available is generally considered to be cost effective if the annual probability of a sudden cardiac arrest occurring at that location is at least 10%.

Some health care settings, such as dialysis centers and potentially some high-risk cardiac specialty practices, have sudden cardiac arrest rates in that range. But the available data suggest that the average physician's office has a probability of sudden cardiac arrest well below 1% per year.

You could someday be the one primary care physician in town with a patient who has a sudden cardiac arrest, but looking at the numbers, for many practices, this is probably not the best way to spend your money. Physicians also should keep in mind that larger offices may need to have more than one AED available to ensure access in a timely fashion.

Physicians should assess the risk profile of their practice and make an informed choice about whether an office AED is the best way to improve their office.