

# Tests I Wish You'd Never Ordered

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Pedro Espat DO, MACOI  
1954 - 2023



# Disclosures:

- I have no conflicts of interest
- All comments are strictly my own opinions



When I was a resident...



“Don’t just do something - stand there!”

-M. Gabel and others (1945)

“Smoke a cigar”

-B. Rabinowitz DO, FACOI



# Law # XIII

“the delivery of medical care is to do as much nothing  
as possible”

from *The House of God* 1978



As part of your evaluation of a new patient, a 42 y.o. obese, but otherwise healthy female, you order a urine c & s. The patient has no urinary symptoms. The next day, the lab reports a 50-100,000/ml colony count of E. coli. How would you treat this?

Following treatment, although the patient remains asymptomatic, you repeat the urine culture to be sure that she is "cured". This time the urine grows 20,000 colonies/ml of Candida albicans. How would you treat this?

## TESTS I WISH I'D NEVER ORDERED

A nurse obtains a urine culture on your hospitalized patient because the urine in the Foley catheter was quite "dark and cloudy". >100,000 colonies/ml of Acinetobacter sp. are reported. How should this be treated?

### **(A Somewhat Opinionated View of the Expensive and Occasionally Hazardous Corners We Paint Ourselves Into)**

The E. R. physician orders a "urine c & s" on your newly hospitalized patient who is being admitted for possible pneumonia. Penicillin as well as erythromycin are begun parenterally. Sputum culture is reported out as "normal flora". Urine culture grows 40,000 colonies/ml of Staphylococcus aureus. So?

G. Blackburn D.O.

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**WHEN YOU ARE YOUNG, YOU THINK YOU ARE  
BULLETPROOF, BUT.....**

**SOMEDAY, YOU WILL BE A PATIENT**

**(Blackburn's Law #4?)**



“If the patient is not dead, there is always something more we can do to make him/her worse”

- Freank Vertosick Jr. MD (a neurosurgeon) as paraphrased by Rick Greco DO, MACOI



## The retelling of a true story:

- A healthy, intelligent, gentleman of European descent was seen in my office, accompanied by his very “proper” wife of 50+ years, for evaluation and possible treatment of syphilis, this all the result of a +VDRL (and subsequent +FTA) ordered by a superb neurologist “to be complete” in the workup of a mild peripheral neuropathy



- Over an hour was spent w/ the couple, assuring both the pt and his wife that these studies were perfectly compatible with infection contracted long before their marriage (most likely while serving overseas in the military), and were of no important medical significance (at least to me)



- The neurologist readily admitted that syphilis was the most remote diagnosis he would have ever considered. In fact, even after the serologies were found to be positive, he judged no connection between these results and his working diagnoses in the evaluation of this patient



- There was no evidence to suggest cardiovascular or neurosyphilis.  
Diagnosis: late latent syphilis
- Tx: arguably unnecessary; however, insisted upon by both the pt and his wife. 3 weekly injections of benzathine penicillin were given w/o complications
- Following tx, he was referred back to his family physician



Several months later, his family physician informed me that his wife was never able to forgive him for this, totally destroying their marriage



As a result, he went out to his backyard, put a gun in his mouth and ended it all.....



Thank you for listening, and a **HUGE**

**THANK YOU**

to the many ACOI members that have contributed to this panel towards improving patient care by limiting unnecessary and sometimes dangerous tests, medications and/or procedures over the past two decades because, at least in part, .....



Someday, you, as well as all those you love,  
will be a patient



Today's prestigious, incredibly knowledgeable,  
and highly opinionated panel:

- Mark Baldwin DO, FACOI - Nephrology
- Bryan Martin DO, MACOI - Allergy/Immunology
- Patrick Cullinan DO, FACOI - Critical Care
- Lauren Mazzurco DO, FACOI - Palliative Care