

Doctors feud over proven lifesaving choke-rescue aid

The two first-aid techniques work, but their creators' dispute goes on

by Warren King
Times medical reporter

New York Mayor Edward Koch just had taken a delicious bite of sauteed Chinese watercress when a chunk of the food lodged in his throat and cut off his air supply.

"I am choking," he mouthed silently to his companions in the New York restaurant a few weeks ago.

With that, a friend grabbed him from behind and with his hands locked over Koch's diaphragm, pushed inward and up. The air forced up through the mayor's windpipe expelled the food and saved his life.

This first-aid technique has gained national fame for its inventor, Dr. Henry J. Heimlich, a chest surgeon and researcher at Xavier University in Cincinnati.

It also is the subject of a long and bitter feud between Dr. Heimlich and an Everett researcher and anesthesiologist, Dr. Charles Guildner.

The fight has been fueled by more than the usual bitterness of a typical professional feud, and it has been waged in places ranging from professional journals to national television talk shows.

It stems from Dr. Guildner's discovery of an alternative to the "Heimlich Maneuver." The Everett doctor says his first-aid technique for choking victims is just as effective, or more effective, than Dr. Heimlich's.

In the Dr. Guildner "chest thrust" technique, the rescuer embraces the choking victim around the chest, instead of the stomach, and delivers sharp, inward thrusts. As in the Heimlich Maneuver, this also forces pressurized air up against the stuck object.

The results of Dr. Guildner's experiments on six humans about six years ago were corroborated by a California researcher.



A.P. photo
Dr. Henry Heimlich, who developed the abdominal thrust, is highly critical of the chest-thrust method although both are recognized lifesaving maneuvers.

nal thrust," Dr. Guildner says. That's how he discovered the chest thrust could force pressurized air up a person's wind pipe as well as Dr. Heimlich's method.

The Everett doctor says his method especially is suited for use on pregnant women or obese persons who are difficult to reach around. It doesn't exclude anyone, he says, so it should be widely taught in first-aid classes.

Even Dr. Heimlich concedes the chest thrust may be the best method for the pregnant or obese.

But Dr. Guildner says the Ohio researcher got so angry when he first published the chest-thrust alternative that Dr. Heimlich accused him of unethical conduct.

He said Dr. Heimlich wrote to state medical organizations, charging that Dr. Guildner was "unethical" because he used anesthetized human subjects in the experiment and therefore endangered their lives.

Dr. Heimlich says he only complained to a professional journal. But officials of the Washington State Medical Association and the State Department of Health and Social Services confirm they received a letter from the Cincinnati surgeon.

"It was quite a nasty letter," said Fred Scott, training supervisor for D.S.H.S. He says medical officials found the charges without merit.

Dr. Heimlich calls Dr. Guildner's research "worthless." And he warns against the chest thrust because he says no one knows the point at which a person's chest would be crushed.

Likewise, Dr. Guildner picks at the Ohio doctor's experiments. And he says the abdominal thrust could injure internal organs or cause a person to vomit.

Both physicians make no bones about their dislike for each other. And the argument which began in 1975 goes on and on.

Caught in between are the organizations that usually teach the public first-aid techniques — the American Heart Association and American Red Cross.

Both organizations point out

The results of Dr. Guildner's experiments on six humans about six years ago were corroborated by a California researcher.

The method is taught in all American Heart Association classes in Washington State, while Dr. Heimlich's is not. The American Red Cross in Washington teaches both chest and abdominal thrusts. Both methods are endorsed nationally by the Heart Association and the Red Cross, two of the largest instructors of first aid.

Such recommendations have done a lot to stimulate the first-aid war between the two doctors.

"I don't even like to give credence to his work by discussing it," said Dr. Heimlich, 61.

At one point in a telephone interview, Dr. Heimlich would refer to Dr. Guildner only as "Doctor whatever-his-name-is."

"He thinks he's God," said Dr. Guildner, 49. "He says, 'This is the way it should be done and because I say it, that's it.'"

Dr. Guildner has taught first-aid classes in this area for more than 20 years. He says that when he first heard about the Heimlich Maneuver in 1974, he wanted to test it with his own experiments and "give it more support."

The chest thrust was devised as a method for comparison with the Heimlich Maneuver, or "abdomi-

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that a 1979 national conference on heart and lung resuscitation recommended both methods. Sponsored by the Heart Association, the conference had the input of 43 physician-experts in making the recommendation.

"We really don't think it's appropriate not to teach (other) methods ... when they also are effective," says Dr. Kevin McIntyre, a Harvard professor who chaired the conference.

Red Cross officials have little patience with Dr. Heimlich. They are veterans of another fierce, well-publicized argument a few years ago with him. It was over whether or not back blows should be given first to a dislodge an object in the throat of a choking victim.

Dr. Heimlich calls them "death blows." He says they could waste valuable rescue time and could cause the food to lodge more securely in the throat.

The Red Cross says the blows take only a few seconds. Furthermore, if they are delivered properly — with the victim's head held down to chest level — they should jar the food or choking object loose, the organization says.

Meanwhile, officials of both organizations mince no words in expressing their feelings about Dr. Heimlich's frequent criticisms of any technique but his own.

"I think part of his problem is we don't use his name with his technique. We just call it the abdominal thrust," said Don Sleeper, assistant national director of first aid for the Red Cross.

Harvard's Dr. McIntyre said: "Dr. Heimlich has made a great deal out of a lot of things. But we're just trying to educate people about life-threatening problems."

Dr. McIntyre said he thinks Dr. Heimlich has done "a great disservice" in continually challenging techniques that differ from his own. He says all three techniques, including back blows, are effective when used in the proper sequence. The argument only confuses those who have been taught all the methods, he says.

"It's absurd," Dr. McIntyre said. "It's putting things out of focus. It also confuses those who have learned C.P.R. (cardiopul-

monary resuscitation). And it's such a small percentage of the total (first-aid) picture."

Even Dr. Heimlich and Dr. Guildner say they deplore the confusion the argument might have created in the minds of the public over which technique to use.

"I have no interest in discussing what Guildner does ... It's the Heimlich maneuver that saves lives," said Dr. Heimlich.

Dr. Guildner blames Dr. Heim-

lich for keeping the dispute alive. He said he worries about it and wishes the controversy didn't exist.

"That's why I support the approach of the Red Cross and Heart Association," he said. "It's evident they don't hold one technique as being better than the other."

He added: "I don't think it's that critical that the hands be placed where I or Dr. Heimlich says (on the chest or stomach)."