

the recipient of services, but not the buyer. The government is the buyer for the Medicare and Medicaid programs. The government sets the reimbursement rates based on budgetary considerations and HCFA recommendations. For most employed people, the insurance carrier is selected by the employer. This decision is based on the cost of the plan, not necessarily its quality. This arrangement excludes the recipient of services from the decision-making process of selecting an insurer, and by association, a provider. The only way to seek an efficient free market is to transfer the buying decision to the direct consumer, the patient.

I fully understand the dogma of "It's Economics, Doctor," as presented by Dr. Shapiro. But are we as a profession and as society prepared to apply the full weight of economics to the health care market? How far are we from asking our clients: "Which

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In Reply:—The concerns raised by Dr. Davila are important and thought-provoking. He challenges us to contemplate the balance of economic issues with ethical and patient care concerns. Only knowledgeable and honest debate will allow us to evolve a strategy that can best advocate our profession while protecting our patients. May the debate continue!

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Optimal Rehydration of Desiccated CO₂ Absorbents

To the Editor:—The work by Baxter and Kharasch¹ confirms the concept that the CO₂ absorbent water content is critically important to the production of CO from anesthetic breakdown. Adding water to desiccated absorbent provides a safe, easy, cost-effective maneuver that can reduce the risk of CO poisoning from anesthetic breakdown. If this technique is brought into clinical practice, two additional factors may need to be considered. First, because the water content of absorbent in clinical use is rarely known, it may be a fairly common occurrence to add water to absorbent that is already hydrated. Although a small decrease in CO₂ absorption rate results from increasing the absorbent water content above 22%,² this will probably be of minimal clinical significance because the actual capacity to absorb CO₂ is not greatly altered by water content. However, it may be more important to ensure that the water is well distributed throughout previously desiccated absorbent to ensure that all areas of absorbent have been rehydrated and are therefore incapable of producing CO. Baxter and Kharasch¹ showed that some CO production still resulted, even though the absorbent had been rehydrated with the full complement (13%) of water. This may be a result of incomplete mixing of the water with the absorbent granules, leaving some absorbent sufficiently dried to allow chemical reaction. When rehydrating potentially dried absorbent in a clinical situation, particularly when the absorbent is packaged in plastic canisters that may impair water distribution (as com-

paring with loose fill absorbent), it may be desirable to use even greater quantities of water than the minimum to ensure that all absorbent has been rehydrated. If sufficient care can be taken to avoid skin injury from dissolved alkali, in some situations, it may even be reasonable to briefly plunge the entire CO₂ absorbent canister into a bucket of water to ensure that the absorbent is completely rehydrated.

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anesthesia service would you like to book — coach, business, or first class?"

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