

HEALTH & SCIENCE

E

TUESDAY, SEPTEMBER 27, 2011

K

EZ



80% the lowest vaccination rate that provides "herd immunity," protecting even the unvaccinated. **Insuring Your Health**, E5

URBAN JUNGLE

Going south Migrating Cooper's hawks appear in the autumn sky. E2

“Many of us have very high expectations for ourselves, and it can be hard to let them go.”

Ellen Galinsky, on depressed Supermoms. **AnyBODY**, E6



OWEN FREEMAN FOR THE WASHINGTON POST

Why was the second-grader suddenly overwhelmed with anxiety and obsessions?

Little boy, big fears

BY SANDRA G. BOODMAN
Special to The Washington Post

Christina Teague barely had time to react as her son, Will, lunged for the door of her car full of children, trying to wrench it open while yelling frantically, "I've got to get out!" Teague managed to pull to the side of the winding country road near their Charlottesville home as Will, nearly 8, leapt out of the car. ¶ "He kept saying, 'The car smells funny,' and refused to get back in," Teague recalled, astonished that her normally self-possessed second-grader would fall apart in front of his little sister and her friends, who stared, goggle-eyed, from the back seat. When Teague's efforts at reassurance failed, she called her husband, who left work. After an hour, Will's father managed to coax their son into his car, and they drove home. ¶ That November 2007 episode was the first of Will's bizarre and inexplicable meltdowns; it would not be the last. For the next 16 months specialists in three states offered various explanations for why Will had suddenly morphed from a sociable, well-adjusted kid into a fearful boy so beset by crippling obsessions that he refused to sleep alone, go to school or even play with the family dog. ¶ "We went from having a fun-loving, independent 8-year-old to a child who was more like a 2- or 3-year-old," his mother recalled. ¶ The surprising — and surprisingly common — cause of Will's problem eventually led to a somewhat controversial treatment that appears to have cured him. Now 11, he shows no signs of the anguish he and his family endured.

MEDICAL MYSTERIES

MYSTERY CONTINUED ON E5

Donors' offspring want to know

Sperm banks start to provide medical data to the children of anonymous fathers

BY EMILY SHENK
Special to The Washington Post

Two days after giving birth to her first child, 28-year-old Kathleen LaBounty could hardly lift her legs. At first, she thought she had just been too active after delivery, but as her legs grew heavier, it was clear something was very wrong. It took LaBounty — normally a high-energy person — 30 minutes to walk five feet across her living room. The next morning, she was rushed into emergency surgery after a blood clot in her uterine wall began to hemorrhage.

Had doctors known that LaBounty was prone to such clotting — events during the birth of her second child

confirmed this — they might have been able to prevent it. But there is a lot about her medical history that even she doesn't know. LaBounty was conceived using an anonymous sperm donor, and her paternal medical records were not kept.

LaBounty is part of the first documented generation of donor-conceived children: those born in the late 1970s to mid-1980s, when sperm banks began to spread in the United States. These children are now adults, and caring for them has prompted a host of unanticipated issues, ranging from a lack of medical histories to the psychological impact of knowing the circumstances of their conception. Many donor-conceived children are finding out, often only by chance, that they are predisposed to certain illnesses. In one recent case in the news, a donor-conceived teen learned that his biological father, who provided sperm for at least 24 children, carried a genetic

DONOR CONTINUED ON E6



FAMILY PHOTO

Only after an emergency following childbirth did Kathleen LaBounty learn she was prone to blood clots.

Big-name medical centers fail to make list of top hospitals

BY LENA H. SUN

When the Joint Commission — the main accreditation organization for U.S. hospitals — issued its first listing of "top performers" this month, many health-care leaders were surprised to see that Johns Hopkins Hospital did not make the list of 405 institutions.

Neither did the Mayo Clinic or Massachusetts General Hospital. In fact, the commission's list left out virtually all the country's big-name medical centers, including those in the Washington area. Only one local facility made the cut: Holy Cross Hospital in Silver Spring.

The hospitals were rated not on high-tech treatments or cutting-edge research but on how reliably they followed recommended protocols for treating five of the most common conditions for which people are hospitalized: heart attack, heart failure, pneumonia, surgi-

cal infection and children's asthma.

The hospitals were judged, for example, on how often they gave aspirin on arrival to heart attack patients, gave pneumonia and flu vaccines appropriately, and provided proper treatment to prevent blood clots.

These measures were chosen because they are evidence-based treatments that directly improve outcomes for patients, said the commission's president, Mark Chassin. In addition, he said, many of the measures are identical to pay-for-performance requirements in federal and state programs as well as many private payers.

Numerous hospital-rating systems exist, but this is the first time the influential accreditation organization has singled out excellent performance on "the best of the best" quality measures,

HOSPITALS CONTINUED ON E4