
Alcor News Bulletin

Number 3: January 7th, 2003

Below is the text of a report to Alcor's board of directors from Charles Platt, Director of Suspension Services. It summarizes events relating to patient care during the past two months. The report was presented in time for the board meeting on January 5th, 2003. In the few days since the report was delivered, we have begun searching actively for a suitable vehicle to convert into an ambulance, and we have signed a formal agreement with Paramedics Unlimited, which will act as a "temp agency" to provide us with paramedics who will participate in remote standbys.

The Good News:

Despite our need to respond to three cryonics cases in less than two months, Alcor has enhanced its readiness and is better able to respond to future emergencies.

While every cryonics case involves unforeseen problems, no significant human errors degraded the treatment of our three cryopatients, and we saw no significant edema, which had been troublesome in two patients earlier this year.

We provided standby service throughout the Alcor conference, mainly for a Scottsdale member who was in critical condition. We provided excellent standby service during the patient's terminal phase, and we were present at the time of legal death. Meds were injected despite the lack of IV access, and the patient was moved to Alcor with unprecedented speed, even though we suffered a major instance of equipment failure.

In our most recent case, which occurred without warning in California, we received outstanding assistance from our California team members and affiliates and saw a high level of professionalism in the operating room.

We now have an annual contract with a California laboratory which will provide continuing advice on postmortem medications, based on recent resuscitation research. Our range of meds can be simplified, enabling substantial reductions in cost and labor. The same laboratory also hosted a surgical training session and is willing to do more.

New meds kits were assembled and will be distributed regionally after the meds have been updated in accordance with recommendations from our consultants. Also, new ATP (blood washout) kits have been created.

On the advice of researchers in relevant fields, we have established a policy advocating median sternotomy as the procedure of choice in future neuro cases. The potential cost penalty has been minimized with help from our suppliers of ice blockers.

In mid-December we reached a verbal agreement with a Phoenix-based company that offers paramedic services and is willing to supply paramedics for up to three weeks of standby time. Also a highly competent engineer with extensive experience in low-temperature liquids has made himself available as a consultant at a reasonable hourly rate, and has agreed to participate in our upcoming ambulance replacement effort.

We have looked for additional help from several other sources. We now have a comprehensive list of all the people who have taken transport courses, have worked in standbys, or have participated in the operating room. We have been contacting personnel on this list to verify their continuing availability. We have established new working relationships with skilled people, including three who have surgical-research backgrounds, one scrub nurse/surgical technician with more than 20 years of experience, and a new standby team member who has EMT training. Lastly, a cryonics enthusiast with an honors degree in biology will be visiting Alcor for a week in January, 2003 to learn about our procedures, assist us in the lab, and decide what he may be willing to do in the future.

In January, 2003 we expect to acquire a LUCAS resuscitation unit from Sweden. This is a totally new design which may outperform the previous best-known cardiopulmonary support system, the ACDC Thumper. The LUCAS unit costs less, is more compact, weighs less, and should enable a radically simplified ice bath. In the meantime we have built a rigid (noncollapsible) ice bath that can be used for local emergency transports, either in our ambulance or in the recently acquired Chevy Suburban.

We placed an advertisement with the largest online job agency, seeking a future standby team leader with medical qualifications (ideally, paramedic or hospice nurse). We have received more than 20 resumes and have interviewed five people so far.

On a personal note, I ventured into some areas outside of my primary job description during the last two months. I initiated the Alcor News email service, which now has 200 subscribers and will provide instant news releases to Alcor members and potential members at negligible cost. I wrote, formatted, and printed "The Biology of Cryonics," a quick introduction targeted at hospital personnel and other medical professionals who may not realize that cryonics has a solid foundation in resuscitation medicine and cryobiology. The purpose of this booklet is to achieve better cooperation during standbys, and it has fulfilled this objective in two cases so far.

I researched and wrote another booklet advising Alcor members about healthcare decisions and autopsy, and I obtained software that will create Durable Power of Attorney for Healthcare forms (and other legal documents) customized for each of the 50 states. To provide better protection for Alcor, I created a nondisclosure agreement which visitors and consultants will be asked to sign. Lastly I requested some quick decisions about the utilization of space in adjacent areas of the building, and consequently was appointed to a committee that will make recommendations on this issue.

The Not-So-Good News:

We lost two standby team members: David Shipman (who has chosen not to make himself available for future cases, for personal reasons) and Joe Tennant (who is relocating outside of the United States).

Despite two recent inspections and service at a local garage, our ambulance refused to start at a time when we needed it. This problem has been fixed, and our recently purchased Chevy Suburban can be used for backup if necessary, but replacing the amulance with a newer, customized vehicle is a very high priority which we will tackle within the next 10 days. As a result of the problem with the ambulance, our Scottsdale patient did not receive transport in an ice bath. Fortunately we were able to inject the most important meds prior to transport, and the transport took less than fifteen minutes, minimizing the effect of lack of cooling during this interval.

The situation in Britain has been a cause for concern, as a former Alcor activist was angered by a statement that Alcor might use equipment in Britain owned by a non-Alcor member if our equipment happened to be unavailable. We have been unable to verify whether the former activist was responsible for a misleading and potentially damaging message which appeared on the Alcor UK web site. He has not responded to email on this topic.

We had expected to own a new collapsible ice bath by now, but construction was delayed, initially by other commitments and subsequently by our decision to purchase the LUCAS unit, which will affect ice-bath design.

We are disappointed that our LabView program still isn't ready to provide fully featured control of the cooldown process, but we now have a new LabView consultant who has agreed to finish this project at less than half the price quoted by the previous consultants.

Alcor's contract surgeon has asked us to locate and buy a perforator that will expedite the process of creating burr holes, to monitor the brain during cryoprotective perfusion. We have not been able to find an affordable perforator yet, but we still hope to do so.

Collection of temperature data during two of our cryonics cases was inadequate, but was very good in the third case, largely through the efforts of our California surgical consultants.

A new transport manual has not been written, partly because procedures and medications have been subject to substantial revision. We now have a complete set of all the relevant earlier editions of transport manuals, and a new manual can be written around procedures and meds that have been largely finalized.

A comprehensive training course for Alcor transport

technicians and other personnel has been delayed, partly by other priorities, partly by the lack of a transport manual, and partly because we were waiting to find out whether we would reach an agreement with the agency that has now promised to supply us with paramedics for standby work. The training course will be scheduled for February, or as soon after February as possible. Lack of the training course has not had an impact on our ability to handle cases, but still, the course is essential.

We have not completed a prototype for rapid cooldown of whole-body vitrification patients, have not established a method for maintaining such cases at a low temperature in the operating room, and have not begun to address the issue of intermediate-temperature storage. A scientist in California had told us that he would make storage recommendations before the Alcor conference, but he was delayed by other factors and subsequently warned us that his plans may be expensive to implement. Consequently we may pursue this objective independently or in collaboration with Suspended Animation, Inc.

We remain unsure about the suitability of our vitrification solution for whole-body patients. The solution has never been applied to a whole-body human case. It caused side effects when applied to a dog whose cryopreservation had been requested by its owner earlier this year. A laboratory in California had proposed to verify the whole-body effects, but abandoned this plan after it made a policy decision to study brain vitrification. We have the option of seeking collaboration with Suspended Animation, Inc. to finance whole-body vitrification research elsewhere.

Two employees have left Alcor's technical staff, but one is still actively available on a consultancy basis, and consequently we have not experienced a negative impact on our technical capabilities.

I'd like to thank the Alcor employees, consultants, and volunteers who have sustained our standby, transport, perfusion, and cooldown capability during the past two months. Full-time staff: Hugh Hixon, James Sikes, Mathew Sullivan, and Mike Perry. Surgical consultants: Jose Kanshepolsky, Jeff Kelling, Nancy McEachern, Steve Harris, Sandra Russell, Joan O'Farrell, and Steve Rude (who also provides mortuary service). Additional assistance in the operating room: Jerry Lemler, Paula Lemler, Judy Muhlestein, Mike Read, Jessica Sikes, and John Grigg. Members of our California standby team who helped us in cases inside and outside of California: Russell Cheney, Keith Dugue, Louise Gold, Todd Huffman, Bobby June, and Peter Voss. Houston standby assistance: Tom Brown, Mike Darwin, David Hayes, and Todd Soard. Additional assistance: Jennifer Chapman, Bruce Cohen, Paul Garfield, and Jerry Searcy. Financial and other sage advice: Michael Riskin.

Special thanks to Tanya Jones, who has participated in two of our three recent cases and has played an indispensable role in standby work and in the operating room. Welcome back, Tanya.