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Going Off the Deep End - The Life and Controversies of Henry Heimlich, MD

Bradford L. Walters
Beaumont Health

Matthew Drogowski
Beaumont Health Resident

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Vol. XLI No. 5



In This Issue

2 From the President

Gregory Gafni-Pappas, DO, FACEP

"In July, Michigan state senators voted to approve the Unlock Michigan petition, making way for a repeal of the governor's emergency powers. The petition, signed by over 500,000 Michiganders, limits the governor's emergency orders to 28 days, at which time they can be extended only by legislative approval. The governor cannot veto the petition once approved."

3 From the Editor

Sara Chakel, MD, FACEP

"Let's talk about wellness. Kindness. Being present. Being involved. Let's talk about humanity. When the pandemic started, emergency medicine was both the same and different. We had a crush of respiratory patients, an unprecedented pandemic, and, perhaps most strangely, we became national heroes. I've never been in the military, and prior to 2020, no one had ever, ever said to me, "Thank you for your service." We had a good team dynamic going on. We had food galore, with "GI rounds" a near daily occurrence as local community groups supported our departments. Outside of my hospital, there was a man, in a Batman costume, who stood on the street corner for hours, with a supportive sign. I drove by him, and he made me smile and cry at the same time."

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4 Legislative Column

**Bret Marr, Lobbyist
Muchmore, Harrington, Smalley & Associates**

"The Governor signed the state budget just prior to the state's fiscal year starting on October 1, 2021. She negotiated a bipartisan deal with the House and Senate during the month of September, and a number of her spending priorities were incorporated into this deal, mainly education related. Now, the Legislature begins the process of passing multiple supplemental budgets this fall to allocate the state's share of the federal American Recovery Plan (ARP) monies."

5 Reimbursement Corner

Don H. Powell, DO, FACEP

"As we continue the transition from fee-for-service to fee-for-value, proper in-depth documentation in certain areas will become increasingly important. Likewise, as bad payor behavior in the form of auto-denials and down-coding based on final diagnostic lists increases, it becomes critical that the ED chart reflects the actual presentation, exam, and medical decision making so our RCM teams can continue to effectively utilize the appeals process."

6 Kid's Korner

Pamela Coffey, MD, FACEP

"Bronchiolitis has become a staple pediatric illness in the winter. Every year, our shop sees what feels like a million kids who present with a few days' history of upper respiratory symptoms that turned into what the caretakers are convinced is pneumonia or asthma. This year, winter came early, and Michigan is seeing a large number of cases already. Our Covid-induced pediatric hiatus is over, and now it's time to get back to work!"

8 MCEP Resident Case Report

**Katie Artz, DO from Henry Ford Allegiance Emergency Medicine in Jackson, MI.
Andrew Taylor, DO**

Submissions to the November/December 2021 Newsletter should be received by the Chapter office no later than November 20, 2021.

September/October 2021



GOING OFF THE DEEP END – THE LIFE AND CONTROVERSIES OF HENRY HEIMLICH, MD

Bradford L. Walters, MD, FACEP*

Matthew Drogowski, MD**

If one contemplates non-emergency medicine physicians in the modern era who have saved many lives in emergent situations, one seminal physician, Dr. Henry Heimlich (1920-2016), comes immediately to mind. We know Dr. Heimlich primarily for his eponymous abdominal thrust maneuver to expel impacted food in the upper airway. In addition to his most famous contribution to medicine, the Heimlich Maneuver, he also invented the Heimlich Chest Drainage Flutter valve and the Micro-trach portable oxygen system. However, his story is more interesting than that of an inventor of clever devices. Later in his life, he became a controversial figure as he became head of an institute that looked to foster innovations in medicine, often rather questionable ones.

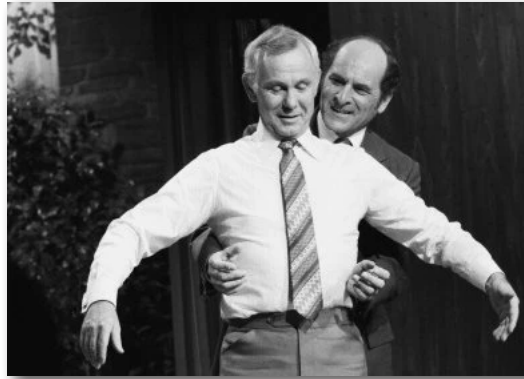
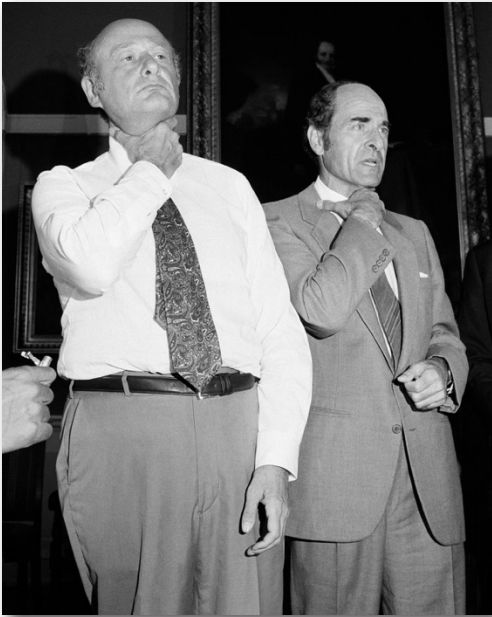
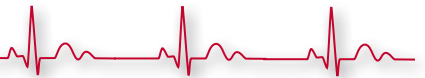
In the early 1960s, Heimlich came up with a device to drain fluid and/or decompress a tension pneumothorax based on a Japanese toy noisemaker that had a length of soft rubber tubing that acted as a flutter valve. It could let air or fluid out but, as a one-way valve, air or blood could not go back in. Given his experience as a thoracic surgeon with a background in war injuries, Heimlich was well aware of the mortality of chest trauma. The Heimlich Chest Drain Valve came at an opportune time with the Vietnam War raging, and medics quickly incorporated the valve into the field treatment of chest wounds, saving numerous lives. In fact, the teaching at the time was to insert the valve directly into the wound opening in the chest wall and then secure it. Today, the valve is seen as part of the kits for pigtail catheters used in the treatment of pneumothoraces.

Dr. Heimlich's most famous medical contribution came in the form of what later came to be termed the "Heimlich Maneuver." He had noted that choking from a foreign body obstructing the upper airway was the fourth leading cause of death in the U.S., with some 4,000 fatalities a year at that time. The most common cause was food impaction, particularly in children. Choking was such a frequent problem that it was termed the "café coronary," as the struggling, asphyxiating patient appeared to be having a heart attack. Standard first aid at that time, suggested by the American Red Cross and American Heart Association (AHA), was to administer several blows to the back or thrust a finger down the throat to clear the obstruction. But there were concerns that hitting a choking victim on the back could dislodge the foreign body deeper into the airway. Heimlich figured that by pressing forcefully on the abdomen, the residual air in the lungs might be used to expel the foreign body. In the lab, he took an anesthetized dog and jammed a piece of meat into the upper airway to create an obstruction. He pressed on the dog's abdomen, and on the third attempt the meat bolus went flying across the room. He published the details of his maneuver of wrapping one's arms around the choking victim and then thrusting upward to compress the lungs and expel the object blocking the airway in a *Journal of Emergency Medicine* article cleverly titled, "Pop Goes the Café Coronary."^{1,2}

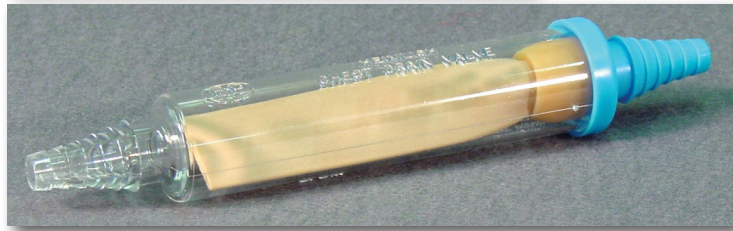
Anticipating resistance from his medical colleagues, he also sent the manuscript to major newspapers across the country. Within days, on 6/19/1974, there was a report in *Bellevue*, Washington of Issac Piha, who

used the maneuver to save the life of a neighbor, Irene Bogachus. Mr. Piha had read the article in the local newspaper describing the maneuver and used it on Ms. Bogachus to successfully clear her airway.³ More formal descriptions of the technique were later published in *JAMA* and the *Annals of Thoracic Surgery*.^{4,5} The mountain of evidence and case after case of successful use of this abdominal thrust technique quickly silenced critics. Testimonials poured in, including a 5-year-old who saved a playmate after seeing it demonstrated on television. Dr. Heimlich's publicity took off, and he played a major role in self-promoting both himself and the maneuver such that in 1975 it was endorsed by the AMA and given the name, "The Heimlich Maneuver." He appeared on the *Johnny Carson Show* in 1979 and with Mayor Ed Koch of New York City in 1981 to demonstrate the technique. Notable persons who had near-death incidents from choking on food but who were saved with the Heimlich Maneuver include President Ronald Regan, Elizabeth Taylor, Goldie Hawn, Cher, Walter Matthau, Carrie Fisher, Dick Vitale, and John Chancellor. The Heimlich Maneuver became a national safety standard and a common rescue technique taught in first aid classes and schools, including to medical students and physicians. Nobody knows how many lives have been saved by the Heimlich Maneuver, but certainly in the thousands. The Heimlich Institute claims over 50,000 lives saved, with a *New York Times* editorial in 2009 saying 100,000 people have been saved from choking deaths. Even Dr. Heimlich, at the age of 96, some 40 years after inventing the maneuver, saved the life of 87-year-old Patty Ris who choked on food at a senior residence in Cincinnati.

However, Henry Heimlich was not without his controversies that, in the end, marred the reputation and legacy of one of the more creative physicians in medical history. During the time he was deployed in China, he claimed to have invented a treatment for river blindness, trachoma, using a mixture of antibiotics in shaving cream. It seems odd that he offered no credible information for what, at that time, was an incurable infection that took a huge toll on people who became infected. In the early 1980s, as director of the Heimlich Institute, he was an outspoken and strong advocate of what was known as malariotherapy. This treatment deliberately infected patients with malaria in order to treat a variety of diseases including cancer, Lyme disease, and HIV. The theory was that the high fevers that resulted would kill the offending organism. As one might expect, reactions from the medical community and human rights groups were quite negative, and malariotherapy was deemed unsound and dangerous. Heimlich ended up going to China to conduct some malariotherapy experiments, but, again, the results were never published despite the controversy it produced.^{6,7,8} In a classic *when all you have is a hammer, everything looks like a nail* move, Heimlich started to advocate his maneuver for other problems in addition to upper airway obstruction. He claimed that drowning victims should have three abdominal thrusts to expel water prior to initiating CPR. Lifeguards across the nation were taught this, despite no credible evidence on its efficacy and ignoring the fact that a large proportion of drowning are "dry" with little fluid in the lungs. In fact, there were allegations of fraud



Dr. Henry Heimlich (far left) demonstrates the signal that one is choking for then mayor of New York City, Edward Koch. In the middle picture he demonstrates the maneuver on the Tonight Show to Johnny Carson.



The Heimlich Chest Drain Valve

and specific admonitions by the AHA against using the maneuver in a drowning victim due to the potential risk of vomiting or aspiration.⁹ He also advocated the maneuver in the treatment of asthma, going as far as to say that weekly abdominal thrusts were helpful in avoiding attacks. In addition, Heimlich suggested that his maneuver could also be used to treat cystic fibrosis and even myocardial infarctions. No credible evidence was offered by Dr. Heimlich for any of these recommendations and medical experts almost universally did not advocate his approach.

By 2005, the American Red Cross had revised its recommendations for *foreign body/airway obstruction* (FBAO) to first administering 5 back blows and, if unsuccessful, then doing 5 abdominal thrusts. They also dropped the term “Heimlich Maneuver.”¹⁰ One of Dr. Heimlich’s most outspoken critics was his son, Peter, who asserted that the Heimlich institute and his father had conducted “abusive” experiments in third-world countries endangering a great many people. Dr. Heimlich was unrepentant and undeterred, going on to publish “Dr. Heimlich’s Home Guide to Emergency Medical Situations” in 1980 that espoused many of his more questionable claims. This publication was in addition to speeches and television appearances advocating his ideas. His animated program for children, “Dr. Henry’s Emergency Lessons for People” won an Emmy award in 1980.¹¹ While Dr. Heimlich’s reputation among his peers certainly suffered, he remained a hero to many who survived a choking episode after receiving the Heimlich Maneuver.

While not an emergency physician, we in emergency medicine have certainly benefitted from both his maneuver and valve. We suspect there are more than a few of you who are reading this who might have benefited yourself from the Heimlich Maneuver. Yet, Dr. Heimlich’s life can also serve as a cautionary tale where one becomes so anchored to one’s own opinions while ignoring evidence to the contrary and without undertaking the arduous science to establish the benefits of a therapy. Being a world-famous physician makes that cautionary admonition all the more poignant. In the end, maybe one should pay more attention to that motherly advice, “Chew your food well.”

*Core Faculty, Beaumont Health Emergency Medicine Residency, Department of Emergency Medicine, William Beaumont Hospital, Royal Oak, Michigan. Associate Professor, Oakland University William Beaumont School of Medicine, Rochester, Michigan.

** PGY III, Beaumont Health Emergency Medicine Residency, Department of Emergency Medicine William Beaumont Hospital, Royal Oak, Michigan. §

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