EDITORIAL

Training in resuscitation

The spectre of doctors failing to deliver adequate emergency care has once again raised its head. The preliminary results of a study by the Royal College of Surgeons of England into trauma deaths appear to indicate there are problems in the management of accident victims in the UK. The nation’s press was shocked and alarmed. The nation’s doctors should be alarmed but surely not shocked. Senior cover is only ever available indirectly for the greater part of any 24-h period and the majority of emergencies are treated by junior rather than senior doctors.

The tasty tit-bit of a medical scandal has been dangled before the press and a ‘shock-horror’ spinal reflex has been evoked. Popular blame has been laid at the door of the Casualty Department when those of us ‘in the trade’ know we are only as good as the specialties to whom we refer. The responsibility is a shared one and all involved must look to improve their performance.

It is clear from the literature that organisation of trauma services to ensure rapid, skilled evacuation to a centre where senior staff are always available to perform everything that might be required can significantly reduce unnecessary mortality. (Trunkey, 1985). The morsels of the report dropped from the college table would seem to concur with these findings as wasteful deaths appear to have been due to delays and inappropriate transfer.

However, the report by the RCS has not yet been published in full and we don’t know if it has even been completed. We cannot react appropriately until all the facts have been revealed to us. Nevertheless, it is encouraging to know that the RCS is making the management of trauma a priority issue. Investment in such a study can only mean that the interest will be spent on improvements in training and organisation. Problems can only be solved when we admit they exist.

A similar pattern emerged in the medical counterpart of major trauma: cardiac arrest. Skinner et al. (1985) highlighted the inadequacies of doctors and medical students in the management of cardiac arrest. Again the popular press had a field day but no doctor should have been surprised. The royal College of Physicians of London responded with a working party(6,8),(996,989) whose recommendations have recently been published (1987). Each district should employ a resuscitation training officer and constitute a resuscitation committee. When the college assessors inspect a hospital for higher medical training they may ask to meet the resuscitation training officer and inspect the records of the resuscitation committee. They will also expect there to be a resuscitation training room equipped to suitable standards. Failure to comply might mean a hospital is deemed unfit for the training of physicians.

The insistence of the RCP on a resuscitation committee in each hospital to audit outcome for cardiac arrest mirrors the need for a similar major trauma outcome study.
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(MTOS). The US has a national MTOS and we must have the same. Moves are already afoot to do this and everyone must partake. We must measure the size of the problem and compare our management with others. In this way, we will know which changes we make are the best and where to make them.

The Royal Colleges do seem to be exercising their considerable influence (and power) to force changes in the way the seriously ill and injured are managed. It is not before time.

The work of Dr Pauline Cutting in the refugee camps of Beirut has received world-wide acclaim and commendation, and the award of an MBE from the Queen. She has brought honour to the profession in general but particularly to those who, like herself, are prepared to sacrifice so much for so little material reward. Modern medicine speaks volumes about cost-effectiveness, materials and resources, and sometimes too little about care and compassion. The publication in this issue of a paper co-authored by Dr Cutting has allowed me, on behalf of all the editorial board, to record the admiration of her colleagues and to congratulate her on her outstanding achievements.

A. D. REDMOND
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REFERENCES
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