The case against trauma centres

Sir

We are in danger of establishing a Trauma Centre system in the U.K. without there having been a reasoned debate about such a development. The concept has now gained such momentum that even if the Stoke pilot project fails to show significant gains I believe that other centres will be established.

The proponents of Trauma Centres have successfully monopolized the medical press and the media in general. The impression has been given that thousands of lives could be saved by Trauma Centres and to this has been added the glamour of emergency medical helicopters. The enthusiasts have not had their views adequately questioned and as a result a medical development of great cost and little benefit may occur.

This scenario has occurred many times before but most famously with Coronary Care Units. These units had a glamour similar to Trauma Centres and as a result many such units were established before their true and limited worth was established. By then it was too late to ask whether the money spent building and running these units could have been better spent elsewhere.

Much of the thrust of the pro Trauma Centre argument comes from the deeply flawed Royal College of Surgeons study of major trauma. What this study really shows is that much of the emergency hospital medical care in the U.K. is provided by junior doctors and that these doctors make mistakes. This is hardly news, and it is a situation which applies not just to major trauma but to almost every other facet of emergency hospital practice. Will we also have specialist centres dealing with aortic aneurysms or asthma?

A further objection concerns transportation to the Trauma Centre. If patients are to bypass District General Hospitals this implies that the ambulance crews will have extensive diagnostic and resuscitation skills. We have already shown that our own junior staff do not have these capabilities so this seems to be asking a lot.

In addition, because of the distances involved, conventional ambulances will often take too long. Helicopters are the only alternative yet are very expensive and sometimes cannot be used. In particular they are unable to fly in fog or freezing conditions and they cannot land at an unprepared site at night. These are the very conditions in which many serious accidents occur.

Finally, the cost of a Trauma Centre and its supporting helicopter will be enormous. The helicopter alone will cost £2 million per annum to provide a 24-h service. Yet an individual Trauma Centre is unlikely to save more than an additional 30 lives a year many of whom will be seriously brain damaged.

In conclusion I accept that a system of Trauma Centres may save a small number of lives at great expense but I ask that a proper debate about the issue takes place. Would it, for example, be more cost effective to instead spend the money providing more consultant cover in DGH's. Or could more lives be saved by funding an effective accident prevention programme?

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