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EDITORIAL *VAN DIE REDAKSIE*

Pre-hospital Emergency Care

Pre-hospital emergency care is the treatment of patients before they reach established facilities. In domiciliary practice this care is often initiated by the general practitioner, who, when necessary, summons the ambulance to remove the patient to hospital and to attend to the case *en route*.

In emergencies occurring in public places, the ambulance is called immediately, and the responsibility for attending to the patient begins even earlier for the ambulance personnel. Are they equipped for this task, in terms of both training and the physical apparatus available to them?

Generally speaking, our ambulance services are disappointing, standards varying from bad to good, but nowhere achieving excellence. Improvements in equipment are relatively easy to achieve and, as an article in this issue points out, new developments are constantly becoming available for general use. Where training is concerned, the ambulance service is a paramedical profession and should be staffed by paramedics, or emergency ambulance technicians as they are also known. By definition this implies training in endotracheal intubation, administration of intravenous therapy and other techniques, and the application of these procedures under the remote supervision of a physician using telemetry facilities. This situation in South Africa at present is idealistic in the extreme when one considers the vast number of ambulance services that do not even possess an Ambubag or simple suction apparatus; and, where these are available, there is no guarantee that the staff is able to use them.

The reason for this parlous state of affairs is multifactorial: inadequate quality of personnel attracted by poor salary scales, indifference of many local and provincial authorities to the ambulance services, training programmes that are not geared to the needs of these personnel and, not least, a lack of interest on the part of the medical profession, with a few notable exceptions, in the whole question of emergency care. There is a reluctance on the part of many doctors to assist in the training of ambulance personnel, and since most ambulance services have no official medical guidance whatsoever, is it any wonder that ambulances are not always as well equipped as we would like them to be?

The immediate solution lies in the upgrading of our ambulance personnel by way of training schools similar to the one operated in Cape Town for traffic officers. There are 12 such centres in the United Kingdom, operating most successfully. These schools would provide a good basic minimum standard of ambulancemen to man our services, and would have as their goal the eventual training of all staff to paramedical standards by way of follow-up courses. The schools would thus meet the immediate and urgent need for better staff all round and simultaneously recognise and start with the necessarily much slower process of paramedical training. Such schools would have to represent a combined effort on the part of the medical profession, provincial and local authorities. To achieve the requisite standards, particularly where the paramedic is concerned, changes in existing legislation are required, and efforts in this direction should be actively encouraged by all concerned with better patient care.

Until such time as the paramedic programme is well advanced, the introduction of hospital-based mobile units to deal with certain well-defined hazards in the pre-hospital phase, such as myo-

cardial infarction, accident victims who cannot be quickly removed to hospital, victims of shark attacks, etc. is a vital and urgent necessity. Similarly, general practitioner accident schemes such as applied by Easton[1] and his colleagues in North Riding should be encouraged, particularly in the country areas.

It is gratifying to note that in certain centres positive steps have already been taken in the directions outlined above, and it is to be hoped that those involved will receive the support they deserve in promoting this important phase of total patient care.

1. Easton, K. C. (1972): Injury, **3**, 274.

Oorsigs- en Algemene Artikels

Die gebrek aan artikels wat vir die gemiddelde, kliniese leser van belang sal wees, bly steeds 'n leemte in die *Tydskrif*. As wetenskaplike publikasie wat sy plek moet volstaan in die wêreldliteratuur, moet die *Tydskrif* weekliks navorsingsverslae van hoogstaande gehalte bevat en danksy ons aktiewe korps van navorsers, medies sowel as nie-medies, is daar in dié opsig selde enige ernstige gebrek. Ons ontvang en publiseer graag sulke hoogs tegniese manuskripte en met ons internasionale erkenning is dit vertroostend om te weet dat sodanige materiaal nie aan die breë wetenskaplike leserskring verlore gaan nie. Die reaksies en herdruk-navrae wat ons skrywers telkemaal ondervind, lewer bewys van die wye aanvaarding van ons *Tydskrif* as medium vir navorsingsverslae.

Die beswaar wat egter gereeld deur ons kliniese lesers, sowel huisartse as spesialiste, geopper word, dat die inhoud van die *Tydskrif* met tye so esoteries is dat slegs 'n klein kring van hoogs gespesialiseerde persone daar waarde uit kan put, is belangrike kritiek en ons moet hulle in dié opsig gelyk gee. Maar hoe vind mens die oplossing vir die probleem? Die funksie van die *SA Mediese Tydskrif* as ampsblad van die Mediese Vereniging vir die oomblik opsy gesit, bly daar drie tipe artikels oor wat gereeld behoort te verskyn: die suiwer wetenskaplike, gespesialiseerde navorsingsverslae, die meer algemene oorsigsartikels, en artikels van meer filosofiese inslag soos items oor die geskiedenis van geneeskunde en dies meer. Soos reeds genoem, is daar gewoonlik op enige gegewe tydstip 'n redelike voorraad van die eerste groep voorhande en die laaste groep skep ook nie 'n onoorkomelike probleem nie, maar, o wee, daardie middelgroep is die knelpunt!

Wie moet hulle skryf? Dit is vanselfsprekend onrealisties dat die redaksionele personeel self hiervoor verantwoordelik moet wees en dit laat dus net twee ander bronne oor: die praktiserende geneeshere self (huisartse en spesialiste) en die personeel van die opleidingsentrums. Aan die praktiserende groep, veral die huisartse, torring ons nou al jare, met, helaas, relatief min sukses. Soos Mark Twain kan ons sê, wanneer daar verwyte teen ons kop geslinger word: 'Everybody complains about the weather but nobody does anything about it.' Ons wil egter weer 'n beroep doen op diegene wat tot dusver skugter was om na vore te kom met manuskripte oor hul ervaring in die praktyk. Iedere praktisyn beskik oor 'n magdom van ervaring wat vir sy kollegas van groot waarde sal wees en dit is sy plig om hierdie kennis, in ooreenstemming met die etiese norme van ons beroep, nie as eie kleinood te bewaar nie.

Die tweede groep, naamlik die akademici, kan egter ook help, en dit is veral tot hulle wat ons vandag hierdie pleidooi rig. Oorsigsartikels is altyd welkom, aan ons en aan ons lesers. Sulke materiaal het 'n belangrike plek in die *Tydskrif*, want dit dien ten dele as opknappingsinligting vir diegene wat, weens afstande of ander redes, nie so dikwels kursusse kan bywoon nie. Die toenemende kennis en die veranderende benadering tot selfs ou aspekte van die geneeskunde behoort gereeld aangestip te word, en dit is veral die taak van die personeel van opleidingsentrums om toe te sien dat daar nooit enige gebrek aan sulke manuskripte is nie.