Resuscitation skills among the general public in London

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Adequate resuscitation by a bystander can be important in determining a person's survival from an episode of ventricular fibrillation out of hospital.¹ Over 40% of victims may eventually recover entirely if basic life support is started within four minutes of the collapse and advanced cardiac life support given within eight minutes.² Basic life support, however, can have an impact on mortality only if a sufficient number of people in the community have these skills. In Seattle, United States, up to half of the population are fully trained in bystander resuscitation (M S Eisenberg, personal communication).

The City of London has a daytime population of roughly 300 000, an appreciable proportion of which is middle aged men who might be assumed to have a higher than average risk of acute cardiac events. The Barts City Life Saver Group aims to train 100 000 lay people in the city in resuscitation. At the time of this study, which reviewed the skills of the general public, about 8 000 people (2.7% of the daytime population) had been trained.

Methods and results

Senior trainers from the Barts City Life Saver Group stood in busy streets with a resuscitation manikin. About 80% of the people who were stopped at random agreed to be tested on both their theoretical and their practical resuscitation skills. Of the 212 people questioned (72% men), 103 had attended a first aid course, and 79 of these claimed to have been taught basic life support. Only 56 had taken a first aid course in the past five years, 37 of whom had been taught basic life support.

The subjects were asked how they would diagnose a heart attack. For a correct diagnosis they were expected to describe typical ischaemic chest pain lasting 10 minutes or more with at least one of the associated symptoms of radiation of the pain, sweating, shortness

of breath, and nausea. Heart attacks were described in these terms by 138 of those questioned. Nevertheless, all but 12 of the people interviewed said that they would make an emergency telephone call if they suspected that someone was having a heart attack.

When asked about resuscitation 143 of those questioned had some idea of what to do, but only 29 could demonstrate adequate basic cardiopulmonary life support on a manikin. A further 31 gave an unconvincing performance; the commonest error was incorrectly positioning the hands for external cardiac compression. Although only eight of the sample had participated in the Barts City Life Saver course, we were reassured to find that all of them had an effective technique.

Comment

The true test of any training scheme in resuscitation is whether a trained person would be readily available if someone collapsed. In this study two thirds of the people asked had some idea what to do, but only about one in eight were able to perform basic life support efficiently; in a workplace such a person would probably be available. Worryingly, however, an equal number of people seemed to know what to do, but their effectiveness was in doubt.

These data suggest that the general public understand the value of resuscitation by bystanders but are not developing the necessary practical skills. A previous report¹ helped trigger an upsurge of interest in resuscitation skills in hospital. Perhaps it is now time to undertake a similarly vigorous campaign among the general public.

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- 1 Eisenberg MS, Bergner L, Hallstrom AP. Cardiac resuscitation in the community—importance of rapid provision and implications for program planning. *JAMA* 1979;241:1905-7.
- 2 Thompson RG, Hallstrom AP, Cobb LA. Bystander initiated cardiopulmonary resuscitation in the management of ventricular fibrillation. *Ann Intern Med* 1979;90:737-40.
- 3 Skinner DV, Camm AJ, Miles S. Cardiopulmonary resuscitation skills of preregistration house officers. *Br Med J* 1985;290:1549-50.

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ONE HUNDRED YEARS AGO

It has become so very usual for ladies to seek an efficient training at some hospital, or school of nursing, that there is now a widespread interest taken in the position of nurses in the hospitals, and in the arrangements and rules under which they work. This fact is indicated by the various discussions on the matter which have recently appeared in the daily press. Good hospital nursing requires a staff of well-trained, thoroughly efficient nurses, and a continuous influx of probationers to supply the places of trained nurses, who constantly pass away to undertake other engagements. A probationer, to make a good start, needs as primary qualifications good health, intelligence, good sense, and good feeling—qualities which are happily not confined to any class of society, but qualities which are of still greater value when combined with a good education and cultivated refinement. To note symptoms in the intervals of the medical visits, to keep temperature charts, to keep surgical dressings aseptic, and to discharge all the various duties of a ward nurse, demands thoughtfulness as well as attention. It is, then, to the advantage of the good working of any hospital that probationer nurses should be selected from among the most suitable women who apply for these posts; and as the number of applicants for a hospital training far exceeds the number that can be admitted annually, it is the duty of the matron to select those most eligible, whether they be ladies by birth or not. It is the duty and the interest of the Managing Committee to make provision for the nurses as to domestic comforts and diet, and also as to the hours of duty and ward work, such as may be compatible with their health and careful attention to the patients. The diet, while plain, should be

sufficient in quantity, well-cooked, and varied, not being fixed according to a definite rota, which disgusts many an appetite; and sufficient time should be allowed both for the taking of meals and for exercise. We have known of many cases where ladies, coming from homes of luxury, have felt the plainness of the food as disagreeable; in such cases it cannot be expected that the dietary should be altered to please them; and in most, if not in all, institutions it is possible for the lady nurse to obtain additional table luxuries at her own expense. With regard to the work done by nurses and probationers, doubtless the poorer institutions are at a disadvantage; but in the well supported larger hospitals, where the total amount of work is large, where patients change quickly, and the nursing duties are proportionately heavy, it seems to work much better to provide ward-maids and scrubbers, coming to the hospital daily to cleanse the floors and lockers, etc., and to attend to the fires, leaving the smaller details of cleaning and the important duties of attendance upon the patients as the sole duty of the nurses and of the probationers under them. It is usually a good principle in any business to keep the most able servants to the best work, providing cheaper service for the more menial occupations. The matron superintends the whole nursing department, the sister supervises the ward, and the nurses and probationers, ladies and others, share the work of attendance upon the patients and minor details of cleaning and tidying, while the ward-maids and scrubbers keep the wards clean. Such is the ideal of the female service of a hospital as it is carried out in the best arranged institutions. (*British Medical Journal* 1889;i:665)