Current Practice

ROAD ACCIDENTS AND THE FAMILY DOCTOR

Medical Organization

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British Medical Journal, 1969, 4, 150-151

"Don't ask me to go to any road accident. I've been to one. A horrible bloody mess it was, and I hadn't anything with me. I felt useless. Leave it to the ambulance men, they get more practice and are better at it."

Most doctors have a feeling of helplessness at the scene of a road accident. But once they have improved their knowledge of accident care few of them need any convincing that they should go to others, and that they should be available for call-out. I suspect that there are probably about 12,000 general practitioners who would be willing to help if called on by a responsible national organization. At the annual B.M.A. representative meeting at Bristol in July 1967 the Government was asked to consider setting up such an organization, to co-ordinate the rescue services of Great Britain, and to supervise and finance their administration. Nor does the family doctor's responsibility end with actual care of patients. Any successful emergency care scheme will depend on a cadre of highly trained personnel in the ambulance, fire, and police services. Until the training schools recommended by the Millar Report can be set up, the general practitioner—once he himself has been training in emergency care—should play a part in teaching these workers the elements of modern first-aid methods.

Starting an Accident Scheme

How does one go about setting up an accident scheme in one's own area? Ideally the instigation for this should come from the doctors themselves. Once local needs have been appraised a meeting should be called of all key persons—including officers of the police, fire, and ambulance services; hospital administrators, including representatives from regional hospital boards; the county medical officer of health; pathologists; and surgeons and anaesthetists from the local hospital accident departments. At this preliminary meeting, after a general discussion about the parts to be played by the individual services and persons, a steering committee should be elected. This committee should give guidance in matters such as equipment, training, records, call-out, and any of the problems which are sure to arise. From the start the accent must be on co-operation between all the services concerned, and any professional or administrative barriers must be broken down. It is important to appoint a secretary, quartermaster, and public relations officer, for on them will fall much of the responsibility for intercommunications and the successful running of the scheme.

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Finance

Finance for administrative costs, and for equipping the doctors, ambulances, and police, may be met by the participants if they wish. Nevertheless, such is the interest of the general public in any efforts of this kind that almost certainly they will be eager to be associated with it, and will contribute by fund-raising or individual donations if the scheme is legally made into a charity.

During the preliminary discussions the county medical or ambulance officer will almost certainly raise the matter that ambulance crews are instructed to take injured people to hospital with the minimum of delay and no aggravation of the injuries during the journey. It must be agreed that no ambulance when loaded should await the arrival of a doctor if a patient's condition is critical. In such circumstances the medical decisions and responsibilities must rest, as previously, with the senior ambulance man present. In practice, however, because of geographical considerations, it is usual for the doctors to arrive before the ambulance.

Details of equipment, training, and actual techniques of emergency care at the roadside will be given in later articles in this series. Hence in the remainder of my article I propose to concentrate on some of the basic principles underlying any established scheme of road accident care.

Call-out

Call-out should originate from the police headquarters, and should be simultaneous for police patrol cars, ambulances, and doctors (by telephone to their surgeries or bedsides)—and to fire rescue tenders if persons are trapped. Radiotelephones on doctors' cars have been found to be as useful as those already carried by the other services. From the accident scene, and in transit to hospital, contact can be maintained with the hospital emergency department so that all is ready for the continued resuscitation of the injured on arrival.

At the Accident Scene

As with any well-planned military exercise, time spent on training and equipping will make any eventuality much easier to contend with. The police have the prime duty to protect the scene, and to ensure the safety of rescuers and other road users. They have many more problems than the doctors, which are confined to the care of the injured. Nevertheless, if the police have the time they can initiate most effective medical aid, and help with these measures until the injured are removed from the scene.

On arrival at the accident the doctor must identify himself to the police and members of the other services—and to the patients. He should wear a distinctive overall with "Doctor" printed at front and back. Together with the senior ambulance man he should carry out a quick but thorough examination of the injured, assessing their immediate needs and establishing priorities (triage). Attention is paid to the care of the airway in the unconscious, to the arrest of bleeding, and to the handling of fractures, especially suspected spinal fractures. The doctor must ensure that a wide search is made for persons around the actual site who might have been ejected on impact or who have wandered off in a dazed condition. He should concentrate his attention on the most seriously injured, and he should be the focus for the skills and efforts of the ancillary services as and when they are required.

The only authority a doctor has at an accident is that accorded him by the members of the rescue teams. It is dangerous work and not at present recognized as part of the contract of the general practitioner with the National Health Service. All doctors should ensure that they are adequately covered by private insurance in case of accidental injury or death.

The doctor should be prepared to travel with the ambulance to hospital if he or the ambulance men consider this necessary. Such journeys will give him a greater appreciation of the difficulties which beset patient and ambulance attendant, and of the importance of the redesigning of ambulances for emergency work. Should a doctor need to leave his car at the roadside while he accompanies the injured to hospital it can be left in the care of the police. On arrival at hospital the doctor can give a concise account of the condition of the injured and of the treatment given. He can then return to his practice.

For doctors it is better to save time by a quick "get away" rather than endanger one's own life and others' by a mad dash to the scene. By being prepared to go to all accidents when summoned, and knowing that his expert skills will be required in perhaps only one of five instances, the doctor is certain to be on the spot in that one instance where his presence is essential. With practice, the police manage to assess the probable needs at any accident and become selective in calling out doctors. In the North Riding Road Accident After Care Scheme even those doctors who have been to the most accidents have not found themselves overburdened. Moreover, this kind of work brings its own rewards.

"It didn't seem much at the time. I just cleared the airway and kept him looking pink whilst the ambulance man put splints and things on the woman and child. There's a hell of a lot to do all at once at these accidents. Looking back, it was probably the most useful bit of doctoring I've done in years."

Records and Co-ordination

To help with the administration, and to assess the work of a scheme, it is useful to have a system whereby at each acci-

dent the various services attending send: record forms (confidential and not for litigation) to a co-ordinator, perhaps a member of a clinical research team of the steering committee. Access to hospital records is essential, but may prove difficult unless the path is smoothed by a competent and co-operative hospital administrator.

Recently road accident schemes such as these have been proposed in many areas. The Medical Commission on Accident Prevention is compiling a register of all doctors interested in this work, and who are willing to be active participants. Their address is 50 Old Brompton Road, London, S.W.7. They will welcome inquiries and will compile and disseminate essential information.

Much has been written about mass disasters, and in every locality an elaborate organization exists to deal with them. By comparison with the daily disasters which happen on the roads of Great Britain, mass disasters (over 30 persons seriously injured) are relatively few. With an all-embracing accident service of the kind that has been discussed, every accident and eventuality should be covered, and the best possible care given to the injured. Nevertheless, for all our efforts to be worthwhile much depends on the correct and sensible action of the person who is usually first on the scene—the man in the car following. Soon it will be necessary to institute a programme for mass education of the general public in the essential measures for maintaining life and for protecting the accident scene. This will require the co-operation of all doctors.

SUGGESTED FURTHER READING

- World Health Organization: The Organization of Resuscitation and Casualty Services*, 1968. Copenhagen, World Health Organization.
- Rescue on the Road*, 1969. Basle, Documenta Geigy.
- Gogler, E., *Road Accidents*, 1965. Basle, Documenta Geigy, Series Chirurgica.
- Proctor, H., and London, P. S., *Principles for First Aid for the Injured*, 1962. London, Butterworth.
- Gardner, A. W., and Roylance, P. J., *New Essential First Aid*, 1967. London, Pan Books.
- New Advanced First Aid*. London, Butterworth, in press.
- Teaching First Aid*. The Medical Commission on Accident Prevention, in press.

B.M.J. Publications

The following are available from the Publishing Manager, B.M.A. House, Tavistock Square, London W.C.1. The prices include postage.

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