

PRESIDENT'S REPORT

The Multidisciplinary Evolution of ITACCS



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The events of 2001 and the early months of 2002 have reaffirmed that we are all vulnerable to traumatic injury

and that modern-day trauma mechanisms have the potential for enormous numbers of casualties. However, while the effects of terrorism and warfare are of great concern, these recent events still need to be seen in perspective. Traffic injuries are predicted to become the third most common cause of disability worldwide by 2020. Furthermore, road traffic injuries are projected to be the second most important public health problem in developing nations of the world by the end of the next two decades.

The importance of communication and collaboration at national and international levels will be paramount if we are to minimise the impact of trauma on the long-term health of populations. TraumaCare 2002 (the 15th Annual Trauma Anesthesia and Critical Care Symposium), in Stavanger, Norway, served to emphasise that despite 40 years of improving trauma care, many questions remain to be answered and much of what is known to be of benefit is not available for many in the world. An outstanding programme was prepared for TraumaCare 2002 by Eldar Soreide, Hans Morten Lossius, and Tine Askvik Lossius. They were supported in this endeavour by their colleagues and families, and all should be justifiably proud of what was the best TraumaCare meeting to date. The congress attracted more than 1,100 delegates from 5 continents and 43 countries. This truly multidisciplinary meeting emphasised the importance of collaboration, with representation from all groups involved in trauma patient management.

As the Society celebrates its 15th anniversary, it is appropriate that we note its evolution to a mature multidisciplinary resource for education and research applied to trauma management. I wish to note with gratitude the work that the immediate past president, Dr. Enrico Camporesi, has done for the Society. He has our thanks and gratitude. I look forward to working with the officers and members to further the aims of our Society. ITACCS was originally formed in 1988 as a professional society to further the development of anesthesia care providers as traumatologists, to be a forum for them to share ideas and techniques for managing trauma patients, and to provide an educational framework for trauma anesthesia/critical care specialists. However, ITACCS has now grown to

become a multidisciplinary, international resource on all aspects of trauma care and this will be increasingly emphasised by the use of the new name "Trauma Care International". Thankfully, this is certainly much less of a mouthful. We will continue to develop and maintain a multidisciplinary approach to trauma management.

Managing the victims of major trauma will continue to be a great challenge for those involved in health care. In particular, the challenge for developing nations to improve trauma care is formidable and will require major innovations and investment. We all have a role to play in improving trauma care, at local, national, and international levels. TraumaCare 2002 in Stavanger provided a fertile environment for us to identify our potential roles, and the future will bring opportunities to realise these roles. TraumaCare 2003 in Dallas, Texas, USA, and TraumaCare 2004 in Sydney, Australia, will provide further opportunities for us to meet and plan for the future. In the meantime, there is a lot to be done and we look forward to collaborating with many of you. ☺

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Educational Objectives

This activity is designed to provide trauma care professionals interested in the treatment of critically ill trauma patients with a regular overview and critical analysis of the most current, clinically useful information available, covering strategies and advances in the diagnosis of traumatic injuries and the treatment of trauma patients. Controversies, advantages, and disadvantages of diagnosis and treatment plans are emphasized. There are no prerequisites for participation in this activity.

After reading each issue, participants should have a working familiarity with the most significant information and perspectives presented and apply what they have learned promptly in clinical practice. Specific learning objectives are printed at the opening of each abstract.

The fall and winter 2002 issues of *TraumaCare* summarize the extensive scientific content of the 15th Annual Trauma Anesthesia and Critical Care Symposium (TraumaCare2002–Scandinavia). The conference was held in Stavanger, Norway, on May 23–25, 2002, and was preceded by an informative one-day pre-congress session. The conference was co-sponsored by Trauma Care International (ITACCS) and *Akuttjournalen, The Scandinavian Journal of Trauma and Emergency Medicine*, and hosted by the Rogaland Central and University Hospital in Stavanger. The Scientific Committee was chaired by Eldar Søreide, MD, PhD, and the Organising Committee by Hans Morten Lossius, MD; Tine Askvik Lossius served as Congress Secretary. The theme, Trauma Chain of Survival, provided smooth continuity to the vast scope of the lectures and workshops.