

## PRESIDENT'S MESSAGE

### Trauma Care in Times of Trouble



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Despite a war, threats of terrorism, and an epidemic of a new viral severe acute respiratory syndrome (SARS), TraumaCare 2003 will come to fruition in Dallas on May 15th. Dedicated healthcare workers involved in the management of trauma patients in many nations will meet to discuss and hear of advances in the management of trauma victims. The educational benefit from these interactions is enormous and translates to a potential benefit for future patients. The value of the multidisciplinary and international input for TraumaCare 2003 should not be underestimated. Given the relative lack of high quality scientific research in the field of trauma, it is not surprising that we rely on the consensus of the multidisciplinary approach seen at TraumaCare meetings.

So many questions in relation to trauma management remain to be answered or studied in an objective scientific manner that allows critical assessment. The enthusiasm of the delegates and their commitment to improving trauma care will continue to drive this area of medical science. ITACCS is committed to improved trauma research in the future. Trauma has long been the "poor cousin" in terms of attracting research interest. Perhaps clinicians are too busy looking after patients to apply time to critical assessment and study of what really makes a difference. Perhaps the healthcare industry has not seen the potential benefits of innovation and advances in trauma management. This needs to change. Increasingly we recognize that the end result for a trauma victim may only be as good as the quality of care received at any stage of the trauma management process. The complexities and impacts of prehospital resuscitation, in-hospital trauma resuscitation, definitive care, intensive care, and rehabilitation are only too clear for those of us involved in managing these patients.

During TraumaCare 2003 we will hear about innovations in trauma practice as diverse as alternatives for fluid management, prehospital ventilation management, control of coagulopathy, and optimizing sedation and minimizing complications in the ICU. There will be a significant focus on less conventional forms of trauma, including terrorism and weapons of mass destruction. There will be interactive hands-on sessions and ample time to discuss presentations and topics with presenters. The Dallas meeting will pave the way and see the presentation of the plan for TraumaCare 2004 in Sydney, Australia, where we will meet to continue to improve the care of trauma patients across all nations. The Sydney meeting will realize many innovations for ITACCS that are currently in preparation. Details can be found at [www.traumacare2004.com](http://www.traumacare2004.com) and via the recently updated [www.ITACCS.com](http://www.ITACCS.com). We will proceed, as always; through collaboration, good communication, mutual respect, and dedication to a goal that is realistic. These ITACCS meetings and other initiatives will hopefully generate renewed and revitalized interest in driving improved trauma patient care. The politicians will not drive this and we need to.

## Special Message from the Surgeon General of the United States



**Richard Carmona, MD, MPH, FACS**

On the occasion of this educational meeting, I wish to extend well wishes to this important gathering of trauma care experts, and indeed to the greater community of trauma care providers worldwide.

In the context of current events, the care of the injured has assumed even greater importance. Throughout most of my adult life, I have had a close personal experience with the various dimensions of trauma: first, in the Vietnam War, serving as part of the U.S. Army Special Forces, and then, after returning home, as a paramedic, registered nurse, physician's assistant, and police officer. Subsequently, after graduating medical school and completing residency training in surgery and a trauma fellowship, I chose to focus my practice on the care of trauma patients, while maintaining an active interest in practical field applications as a member of the PIMA County Sheriff's Department SWAT team (of which I was a team leader). These varied experiences have given me a unique perspective, having been one of the injured in several instances, and providing care for the wounded in others. In fact, the topic of tactical medicine has been one focus of my medical career and the subject of many of my published works.

From the standpoint of "conventional" trauma, great strides have been made in the public health aspects of care of the injured, with improvements in traffic/road safety, automobile design, and other injury prevention systems, leading to increased survivability from crashes. At the same time, upgrades in training, equipment, and emergency medical systems have enabled more of the injured to receive better pre-hospital care sooner, and arrive at the trauma center alive. This, in turn, has presented ever greater challenges to trauma teams receiving these patients. Thus, from this vantage point, educational and scientific initiatives such as this are of critical importance in pushing back the barriers to improved trauma care for all injured patients, and raising the standard of care, not only in the United States, but around the world.

More recently, lesser known "unconventional" types of trauma have come to the forefront. The concept of mass casualty management has long been a subject of discussion and study, and an area of specialization for some trauma care professionals; but previously these incidents dealt with situations such as war, natural disasters, industrial mishaps, and spectator events. The new realities brought to us by the surge in international terrorism, and the profound threats now represented by "weapons of mass destruction" (WMD), encompassing various biological and chemical agents, gives new meaning to the concept. Educational programs that further the understanding of terrorism, weapons of mass destruction and prevention, preparedness, and response are much needed for all health-related disciplines. Our new world order demands that we be prepared for "all hazards" we may face.

At the Department of Health and Human Services, we are and have been engaged in numerous clinical and basic science endeavors to prevent trauma as well as improve care for the trauma patient.

In closing, I salute trauma care providers and their continued dedication to the management of the injured. I also recognize the important work of many professional organizations, and encourage all of you to continue to improve the care of trauma patients across the globe.



## A joint meeting between THE AUSTRALASIAN TRAUMA SOCIETY (ATS) AND TRAUMA CARE INTERNATIONAL (ITACCS)



**SYDNEY CONVENTION & EXHIBITION CENTRE, DARLING HARBOUR, SYDNEY, AUSTRALIA 15-17 OCTOBER, 2004**

The premier trauma meeting for 2004 for all disciplines involved in trauma care from pre-hospital setting through to rehabilitation.

- Paramedics
- Pre-hospital physicians & nurses
- Emergency physicians & nurses
- Anaesthetics & nurse anaesthetists
- Intensive care nurses & physicians
- Rehabilitation physicians & nurses
- Physiotherapists
- Medical & nursing students
- Operating department assistants
- Surgeons, theatre nurses & ward nurses
- Hospital administrators

Plenary sessions on state of the art trauma care and concurrent sessions featuring – 'Update' and 'Guideline' sessions, Trauma Master classes with panel discussions and 'Pro-Con' debates. With emphasis on:

- Pre-hospital trauma care
- Principles of intensive care for major trauma
- Initial resuscitation for major trauma
- Resuscitative surgery
- Resuscitative anaesthesia for major trauma
- Management of biological & chemical weapon injuries
- Reducing complications for trauma patients
- International perspectives
- Neurotrauma
- Technological advances in trauma care
- Paediatric trauma
- Trauma rehabilitation
- Blast injuries

Workshops on:

- Trauma simulation
- FAST
- Trauma audit as a learning tool
- Organ donation
- Difficult airway management

Please send me further details on:

- Abstract submissions
- Registration document – including provisional program & costs
- Sponsorship & trade exhibition opportunities

Name: \_\_\_\_\_

Position: \_\_\_\_\_ Organisation: \_\_\_\_\_

Organisation Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

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