Reply to: India and the management of road crashes

Sir,

I read the article ‘India and the management of road crashes’ with great interest, by Dr. Nagarajan Muthialu.[1] Medicine and surgery are an integral part of our society and an indispensable one. As the society evolves, medicine has to keep up with the evolutionary process. This includes the art of Surgery, whether elective, emergency, trauma or military aspects of our practice. New social trends will be bringing new health problems, and we have to be proactive in plans to fight the new problems. As an Osteopathic Physician (D.O.) and Plastic Surgeon, I believe in the holistic approach to medicine and put a greater emphasis on ‘prevention.’ The founder of Osteopathy Andrew Taylor put emphasis on the above-mentioned principles 108 years ago still. He felt that the human body has innate ability to help itself and where needed, there is no harm in helping the healing process by modern medical and surgical options.

The idea of regional trauma centers in India is great, but one has to do the logistics of bringing patients to the trauma center. One has to work out the infrastructure first. Naturally the patient arriving on a bullock cart on roads in Bihar, full of potholes, from a village 100 km away will not benefit from the sophisticated trauma centers unless we either expedite the arrival process or bring the trained personnel to stabilize the patient on the spot before transportation to the trauma center. Major hospitals in Iowa town, roughly about 3,00,000 people, have one or two well-equipped rescue helicopters, which is a tremendous help in saving lives. State of Iowa has a population of two million people, but they are fully covered by air ambulances, even to the remotest farms. These choppers and fixed wing aircrafts can reach the patient anywhere because there are over 100 landing strips in the state and each hospital, small or remote has helicopter-landing spot. The flight crew includes medically trained pilots, nurses, and physicians who can rush to any spot to rescue. Regional hospital helicopters cover the entire state and help can be availed from adjoining states also.

We should though, be talking about prevention. It should be a multi-pronged approach. The public has to be educated about recognizing emergency situations. Integral part of this system has to be public education and education of the medical and support paramedical personnel, implementing modern, safe traffic rules and regulations, safe traffic flow system and the implementation and impartial enforcement of safety rules by the proper authorities (honest and hard working type). There should be a mass education for safety in the house, on the road, in the kitchen and in the factories.

I hope, I am not being too critical of the existing system. After all, I have no right to comment on the system that I decided to leave voluntarily 48 years ago. As a very young person, 18 years old, I decided to make a move. I had no friends or family in USA, but I had the determination. I put myself through Medical school, surgical and plastic surgery training working as a waiter, washing dishes in restaurants, working as a hospital orderly and laboratory assistant and building the great interstate highways in Iowa. My approach to a problem is slightly different. I definitely have no intentions of offending any one by my note.

As regard the ATLS, being trained in the United States Air Force (former State Air Surgeon of the Iowa Air National Guard), I found it to be of great help in critical, time sensitive trauma situations. After all medicine is all about continuous practice and ATLS does that well as does the ACLS. Little extra learning does not hurt any good clinician.

Best regards and happy and prosperous New Year for you, the journal and the ASI.

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