Trauma care

Deaths due to traffic accidents are growing exponentially in Chennai, and other parts of India as well. Such accidents are already the third leading cause of death, and the number one cause among young people. The phenomenal growth of vehicles, and the sheer complexity of traffic, have been cited as causes. Among the fatalities, pedestrians are the most in number, followed by cyclists. Undoubtedly, the low level of traffic culture is also important. In Chennai, everyone always tries to overtake the vehicle in front. Another important problem is the state of the roads. There is little or no place for pedestrians to walk, and earmarked bicycle lanes exist in very few roads. Almost all traffic tends to stick to the middle of the road, because often this is the only usable part. This is because the roads are often dug up by various agencies. Recently, the laying of optic fibre cables severely disrupted traffic. After having cut phone lines and electricity cables in some areas, the companies started to cut trenches for the cables one-third of the way from the road margin. Even the best of Chennai roads do not permit so much leeway. The onset of the monsoon (which is fairly predictable) turned the trenches into traps for the unwary.

Obviously, better traffic management and safer driving habits are an urgent necessity. Even with the best of intentions these will take a little time to show results. Even countries with very strict rules have accidents though the numbers are falling. It is necessary, therefore, to have an effective means of managing accident victims. At present they are dependent on the goodwill of passers-by to be transported to a hospital. Some hospitals refuse to treat them, as the doctors do not want to attend the courts to testify in the claims proceedings. Many lives are lost as patients are transported from one hospital to another. Last month, an advocate in Chennai filed a public interest litigation on this issue. He stated that he was moved to do so after he tried to access medical care for the victims of an accident and was turned away from the nearest hospital.

There are some private initiatives attempting to bridge the gap. In Chennai, the Trauma Care Consortium runs ambulance services. These vehicles are stationed all over the city and transport accident victims at no cost. But unless there is an institutionalised system, such efforts can only be marginal in their overall impact. At a recent trauma symposium, a German speaker described their programme. It has been planned in meticulous detail with a network of phones, one single number throughout the country, ambulances carrying trauma teams both by road and by helicopter, and trauma centres at different levels. As a result, a patient can get to an appropriate hospital within 15 minutes of the first call. There is no doubt that time is important in trauma management in reducing both mortality and morbidity.

Money is needed to institute such a system. Both India and Pakistan have been bleeding themselves by the continued hostilities. A statesman-like decision to work with each other would release a large amount of money for productive purposes. It is sad that this step, which appears so obvious, is so little debated or propagated.

* * *

The government of Tamilnadu recently decided to levy a charge on visitors to hospitals. The aim is to reduce to reduce the crowds in the hospitals. The decision has not yet come into effect because the courts have stayed it. It is common knowledge that in most hospitals in India it is absolutely essential for a patient to have an 'attendant'. This is true in the private sector as well. Personally, I know of only one hospital, The Sri Chitra Centre for Medical Sciences and Technology at Thiruvananthapuram, where an attendant is not allowed and is not necessary. Everywhere else, without an attendant it is difficult for the patient to get investigations done. If the patient is bedridden, getting a bedpan is a major problem. Often one attendant is not enough. Sometimes he or she has gone out to get medicine or something else when the patient suddenly has to be transported somewhere in the hospital. When patients come to the city from the countryside, they usually bring many people with them for help and support. Unless the need for such help is removed by a better organisation of services, the crowds will continue.

The government has also decided to privatise sanitation, catering, security and ambulance services. This means that most of the 'ministerial staff' will be slowly phased out of government employment. This is unfortunate for them as the government offers much better terms for these jobs than a private employer will. But over the years, these employees have become completely irresponsible. As a result, the general public who needs the services has suffered. The protection of a group at the expense of the majority is unacceptable. This solution can only work if the contractors are made to stick to the terms of the contract. The slew of corruption cases that each government files against the previous one suggests that the record on this has been equivocal at best.

Thomas George

***Dr Thomas George**, 114J, Rostrevor Garden, Railway Colony, Teynampet, Chennai 600018.*
Email: george@medicalethicsindia.org