

Only An Ounce

Marvin L. Birnbaum, MD, PhD

*T'was a dangerous cliff, they freely confesses,
Though to walk near its crest was so pleasant,
'But over its terrible edge there had slipped
A Duke and full many a peasant;
So the people said something would have to be done,
But their projects did not at all tally.
Some said: "Put a fence round the edge of the cliff,"
Others said: "An ambulance down in the valley."*

Joseph Malines
Prevention and Cure
Virginia Medical Bulletin

Expanding the scope of practice of pre-hospital emergency medical services (EMS) personnel is a much discussed topic these days of rapid evolution of the health-care system in the United States, and in many other places in the world. Health-care costs continue to skyrocket. In the United States, emergency departments and often the prehospital EMS systems are being used for the provision of perceived emergencies that are considered by many as the type of episodic health care that, in many parts of the world, is best served in the home, work-place, or physician's office. There are at least three major programs studying the provision of such emergency primary care services in the home by a new critter, similar in many respects to the current paramedic, but with special training and with stringent medical control. The first conference on the organization and impact of the pilot programs in this area was held in Clearwater Fla., U.S.A. in March.

The proponents of these experiments are to be congratulated, but there is one aspect of the care outlined by the sponsors of these programs that demands further scrutiny as being more important perhaps than any other part: that of preventive health care. In each of the pilot programs under way, a substantial effort is directed toward involvement of these new critters in broadly sweeping immunization programs—the first foray of pre-hospital emergency services into the preventive arena.

Prevention is the daughter of intelligence.
Sir Walter Raleigh
Letter to Sir Robert Cecil, 10 May 1593

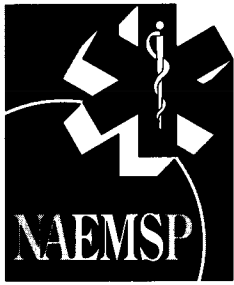
Let us concentrate on the potential impact of expanding the scope of practice of EMS into this important aspect of health care. There are some relatively simple tasks that could be performed by EMS providers with little or no additional

training that would contribute immeasurably to the health and well-being of the communities they serve and in turn to their visibility. For example, each EMS service, regardless of its level, could establish blood-pressure screening programs. Such programs could be housed in the local ambulance building, firehouse, or in shopping malls. Uncovering even one person with previously undetected hypertension, referring that person to his/her physician and, following the physician's evaluation, beginning a regimen to control blood pressure. This simple contribution may prevent an intracranial or coronary event. This type of screening program will enhance the image of EMS with other members of the health-care community and the public.

What is past help is beyond prevention.
Massinger
"Unnatural Combat," Act 2, Scene 1

The above is important, but imagine the potential impact on the city fathers in this time of tight budgets. Accepting prevention as part of our mission at no additional cost to the communities we serve would augment our perceived importance and enhance our *raison d'être*. I suggest each EMS service, regardless of affiliation, try a preventive screening program as a pilot and attempt to define the benefit:cost relationships of such programs. Try it, you may like it.

*There are two reasons for drinking:
One is when you are thirsty, to cure it;
The other, when you are not thirsty, to prevent it...*
Prevention is better than the cure.
TL Peacock
"Melincourt," Chapter 16



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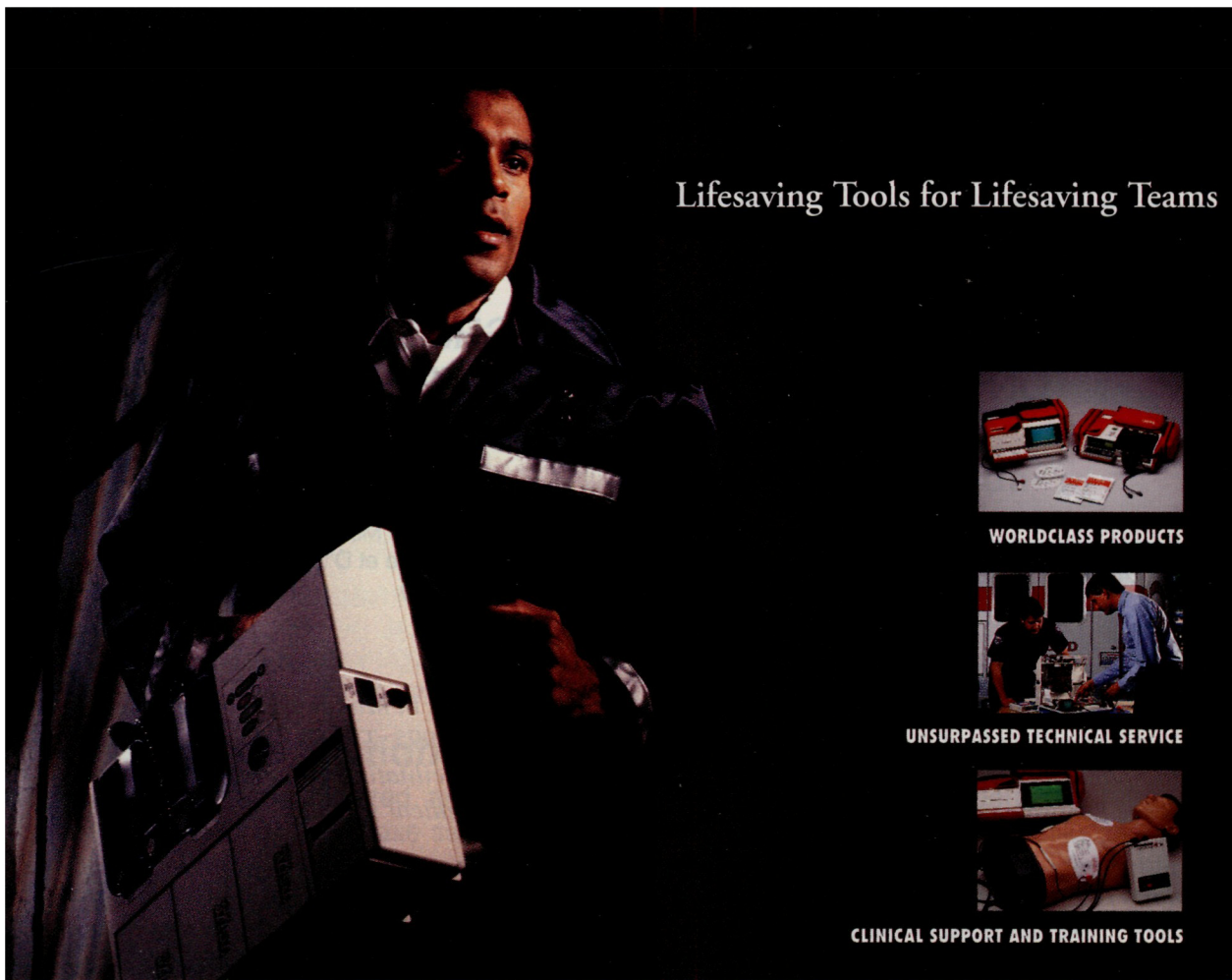
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**Second Announcement
and Call for Papers**



9th WORLD CONGRESS ON EMERGENCY AND DISASTER MEDICINE

JERUSALEM, ISRAEL, MAY 28 - JUNE 2, 1995

Under the auspices of:

The World Association for Disaster and Emergency Medicine
Association Mondiale pour la Medecine de Catastrophe et D'Urgence
(founded in 1976 as the Club of Mainz)

Dear Friend and Colleague,

During the 7th World Congress on Emergency and Disaster Medicine in Montreal, it was decided that the 9th Congress will be held in Jerusalem, Israel on May 28 - June 2, 1995. The Congress will focus on the interdisciplinary approach to disaster planning and management, facilitating exchange of views and experience between members of rescue, security, community and medical services.

The Motto of the Congress will be "Integration of Agencies - The Key for Successful Management of Disasters". The latest experience in civil strife, war situations, industrial, transportation and natural disasters will be presented and discussed, with active participation of Congress members in "Table Top Exercises".

Jerusalem is a nodal point of history, both ancient and modern, and the birthplace of three great religions. Rich in archaeology, art and culture, and blessed with exquisite natural beauty and an ideal Mediterranean climate, it is perfect place to combine science and travel.

Here is an opportunity of a Lifetime! We look forward to welcoming you in Israel in 1995.

Dr. Y. Adler

Chairman, Organizing Committee

MAIN TOPICS

- A. Different disasters and man-made accidents
 - Famine and Disease
 - Earthquakes
 - Floods
 - War and terrorist activities
 - Transportation accidents
 - Industrial (hazmat) incidents
- B. Cooperation and coordination between all participating agencies, bodies and organizations at the disaster site
 - To be presented by a field exercise on the last day of the Congress.
- C. Education of - The general public
- D. Exhibitions including audio and visual means, computer self teaching program in rescue techniques etc. to be presented at the venue.

FOR ANY FURTHER INFORMATION, PLEASE CONTACT:

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The National Association of EMS
Physicians announces

Cerebral Resuscitation Paper Competition for 1995

Naples, Florida
\$5,000 Awarded to Four Finalists
Deadline: November 15, 1994

General Information

Four finalists will be selected, and papers presented at a special showcase session at the NAEMSP Annual Meeting. The meeting will take place in Naples, Florida, January 19-22, 1995, at the Registry Resort. The first place winner will receive a \$2,000 cash award and a plaque. The three runners-up will each receive \$1,000 and a plaque.*

Finalists must present their papers at the meeting to win the awards. Finalists may have presented at another meeting as well.

Submission Deadline

Abstracts must be submitted on the official abstract form and must be received (not postmarked) by November 15, 1994 at the NAEMSP National Office. To obtain official abstract forms, please call the NAEMSP Office at (412) 578-3222.

Criteria

Eligible abstracts must pertain to brain resuscitation, and can be either basic science or clinical research. Topics include, but are not limited to:

- ▶ Global Ischemia/Cardiac Arrest
- ▶ Shock/Low Flow States
- ▶ Head Trauma
- ▶ Stroke/Focal Ischemia
- ▶ Intracranial Hemorrhage

Eligibility

Abstracts may be new or may have been previously presented provided they were presented after January 1, 1993 and have not been published in manuscript form by January 1995.

**This award has been made possible through an educational grant given by The Upjohn Company.*

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