

R Adams Cowley, MD: Timing is Everything

Howard Belzberg, MD[‡]

R Adams Cowley's vision of the *right* people and the *right* equipment taking care of the *right* patients at the *right* time meant that timing was everything. This approach meant getting the most severely injured victims of trauma rapidly into a trauma *system* and providing them with the *appropriate level of care*. These concepts have formed the basis of organized trauma systems throughout the world.

At the beginning of the 1960s, medicine was in a golden age. Advances in cardiac surgery, cancer research and therapy, immunology, and endocrinology held center stage. Trauma was relegated to being a disease managed by house staff with little or no supervision. Research was fragmented according to disciplines (orthopedics, neurosurgery, general surgery, etc.). Thus, it was at a time when trauma was the neglected orphan of organized medicine that Dr. Cowley's vision was codified in the establishment of a model trauma system—the Maryland Institute for Emergency Medical Services Systems (MIEMSS). Dr. Cowley recognized that an integrated approach to trauma that cut across traditional specialty boundaries was needed. With a small grant and against conventional wisdom, Dr. Cowley established what was to be known as the “Death Lab” where he intensively monitored and treated patients that were considered unsalvageable. As observations were made and treatment refined, survival improved. The progress in improving outcome led Dr. Cowley to the conclusion that *trauma was a disease* and, as a disease, its management required an integrated, dedicated, multi-disciplinary approach.

Dr. Cowley's determination to advance the care of trauma led him outside the system. The timing was right and Dr. Cowley went to Governor Mandel of Maryland and received an executive order to establish an institute to enhance the care of Maryland trauma victims. With a mandate from the state and a charismatic style, Dr. Cowley assumed a series of unpopular positions which ran counter to long-held beliefs. He espoused the fact that prehospital care was beyond the expertise of physicians and required special training, special personnel, and special equipment. The use of ill-equipped and staffed vehicles owned by funeral parlors as the major source of ambulances was unacceptable.

Dr. Cowley moved inside the hospital as well. He taught us to treat shock more aggressively and not to let patients die while making the diagnosis. Dr. Cowley and Elizabeth Scanlon, his long-time collaborator and right hand, developed protocols—methods that forced the medical community to treat trauma victims systematically rather than randomly.

[‡] MIEMSS, University of Maryland, Baltimore, Md., USA

Editor's Note—Space constraints forced this article from the pages of the previous issue., and its rightful inclusion with a series of other pieces entitled “In Laudatio—R Adams Cowley, MD.” With apologies to the author for our oversight, we are proud to continue this extension of gratitude to R Adams Cowley, whose “Golden Hour” has provided many the chance to live and forego what once was the assured tragic end to a traumatic accident.

The timing of these developments coincided with military lessons learned in Korea. The availability of helicopters in the evacuation of trauma victims allowed the leap from the battlefields to the civilian roadside. Dr. Cowley's vision gave Maryland a unique opportunity. The state had the essential components of a trauma system before anyone except Dr. Cowley recognized what all the components were. The physicians of the state could not deny the success of Dr. Cowley's clinical efforts and could not resist his charismatic approach to his dream. In an environment of rapid growth in medicine (both scientifically and economically), the medical community and the political community were catalyzed into a rare and wonderful leap into a better future. The medical community allowed the triage of severe trauma victims to the appropriate level of care—a trauma facility. The state committed its resources to deliver trauma patients to the correct facility. Agreements were reached after long and difficult period of negotiations that established a centralized system to oversee the global operation of a statewide network for emergency medical services.

Dr. Cowley's recognition of trauma as a disease with specific needs began to bear fruit. In Maryland, it became accepted practice that getting the right patient to the right place at the right time was the first step in controlling the greatest killer of Americans

under age 40. Specialists from a variety of disciplines brought their expertise together and formed a new discipline—a hybrid known as traumatology. Orthopods and anesthesiologists, general surgeons and infectious disease internists, critical care physicians and neurosurgeons, all were brought together to contribute and mold their different areas of expertise into a form that would be specific to the disease of trauma. Additional medical professionals, physical therapists, respiratory therapists, social workers, and speech pathologists all came to the Institute to learn, teach, and enhance the field. At the center always remained the specially trained and dedicated trauma nurse, a new type of professional that Dr. Cowley and Elizabeth Scanlon envisioned as the hub for a new kind of medicine. These two medical pioneers based their new medical vision on the team approach to care for patients who could not wait for the traditional, sequential approach to medical care. With the success of all these changes, Dr. Cowley's vision became known to the rest of the world.

As so often is the case and as Dr. Cowley's career demonstrates, one man with vision and the strength of character to pursue that vision *can* make all the difference. The world is a better and safer place today because of the battle Dr. Cowley fought and the lessons he taught us all.