

PRESS RELEASE

TRAUMA SURGERY & ACUTE CARE OPEN

Trauma research funding needed now more than ever, say experts

Mass casualty events, both man-made and natural, set to claim many more lives

Funding for trauma research is needed now more than ever, and should become a priority in the wake of so many lives lost at mass casualty events—including most recently at the Pulse nightclub in Orlando, Florida, say experts in an opinion piece published in the online journal ***Trauma Surgery & Acute Care Open***.

Regrettably, mass casualty events, both manmade and natural, are set to claim yet more lives. And physicians and the public need to be adequately prepared to administer prompt evidenced based interventions to minimize the death toll, write US trauma surgeons from the University of California at San Francisco, Massachusetts General Hospital, and Brigham and Women's Hospital, Boston.

The need to boost US disaster preparedness is very much on the agenda, with several “promising developments,” say the authors.

These include a meeting of leading orthopedic and trauma surgeons and representatives of the US military convened in June in Chicago and the American Association for the Surgery of Trauma's statement on firearm injuries issued in the wake of the Orlando shootings, which left 49 dead and 53 injured.

Similarly, the American Medical Association passed a resolution at its annual meeting last month to advocate for lifting the federal ban on gun violence research in recognition of the fact that gun violence is a public health issue.

And two initiatives—the Hartford Consensus IV, which aims to educate the police and other first responders in how to staunch bleeding using military tourniquets and combat gauze, and the National Stop the Bleed campaign, launched by the White House in October last year, which aims to teach the public how to save the lives of trauma victims—are important, and to be welcomed.

Furthermore, a good deal of knowledge and experience have been accumulated over the past several years from treating casualties in the Iraq and Afghanistan wars, and a string of civilian bombings and shootings, including Fort Hood (2009), the Boston Marathon (2013), and Sandy Hook (2013), the authors point out.

But they caution: “As tragic as these mass casualty events truly are, we must not lose sight of the need to thoroughly examine each one for lessons learned (and relearned) in order to continuously prepare for the next one.”

Collaborating with the military and other relevant parties will also help to foster a research agenda that will ultimately save lives, they say.

But they add: "Great lessons have already been learned, but more are still to be taught. Adequate trauma research funding by governmental agencies, the military sector, and private industry should become a priority at a time when trauma has claimed so many lives and is unfortunately destined to claim more."

They continue: "Educating, equipping, and then empowering the public could save additional lives similar to the introduction of bystander cardiopulmonary resuscitation," warning: "Failure to take action at this time in our history would be the biggest tragedy of all."

About the journal:

Trauma Surgery & Acute Care Open is one of 60 specialist journals published by BMJ. The title is owned by the American Association for the Surgery of Trauma (AAST). The AAST is the premier scholarly organization for surgeons dedicated to the field of trauma and the care of critically ill surgical patients. Founded in 1938, the AAST has approximately 1300 members in 30 countries.

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