

Defending the Rights of All Americans

Advancing Resuscitation Research for the Nation

Presented by

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DALLAS, U.S.A.

Representing....

**U.S. Metropolitan
9-1-1 EMS System
Medical Directors
Consortium**

a.k.a. "the Eagles" Coalition

Eagles 2006



Gallagher
Phoenix

Myers
Raleigh

Oosmann
Atlanta

Dolan
US DHS

Gordon
San Antonio

Mechem
Philadelphia

Eckstein
LA City

Olinger
Indianapolis

Kuhlman
White House

Loflin
El Paso

Valenzuela
Tucson

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Ft Worth

Keseg
Columbus

Ornato
Richmond

Richmond
Louisville Metro

Pirrallo
Milwaukee

Heightman
JEMS

Slovis
Nashville

Saussy
New Orleans

Isaacs
San Francisco

Char
Honolulu

Willoughby
Chicago

Racht
Austin

Locasto
Cincinnati

Schrank
Miami

Moyer
Boston

Jermyn
Missouri

Pepe
Dallas

Dunford
San Diego

Fowler
Dallas

Persse
Houston

Jui
Portland

Our Story Begins...



Sleepless in Seattle



Even More Sleepless in Houston !

Now in Dallas
and Part of the
NIH ROC ...

The U.S. National Institutes of Health Resuscitation Outcomes Consortium



National Heart, Lung, and Blood Institute



National Institute for Neurological Disorders and Stroke



Canadian Institutes of Health Research



U.S. Department of Defense



Defence Research and Development Canada



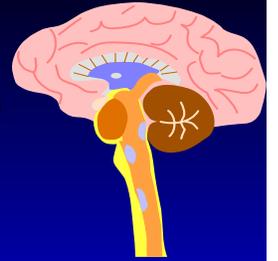
American Heart Association



Heart and Stroke Foundation of Canada



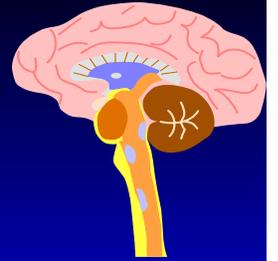
Cognitive Roadmap



At the end of this session, you should understand that...

- **Exception to Consent Concept is Absolutely Crucial for Americans**
- **Many Currently-Accepted Treatment Plans are Empiric and May Even Be Harmful**
- **Even FDA-Approved Interventions Have Not Been Confirmed as Life-Saving**
- **Millions of American Families Denied their Right to the Most Advanced Care;**
- **Hundreds of Thousands Have Needlessly Lost Their Lives as a Result of Inaction**

Cognitive Roadmap



(cont.)

- **Community Consultation Concept is Sound, But Has Certain Limitations**
- **Funding Has to be Provided**
- **The Need to Re-Focus on Key Targets**
- **The Need to Adopt a New Perspective as Stewards of the Public Trust**

Why

Exception to Informed

Consent

is Crucial to Americans

and

Our Future Generations

Trauma (i.e.. Severe Injury)



#1 Killer of Adults < 45 years old

...and, More Importantly ---



--- the #1 Killer of Children !

World Health Organization Stats...



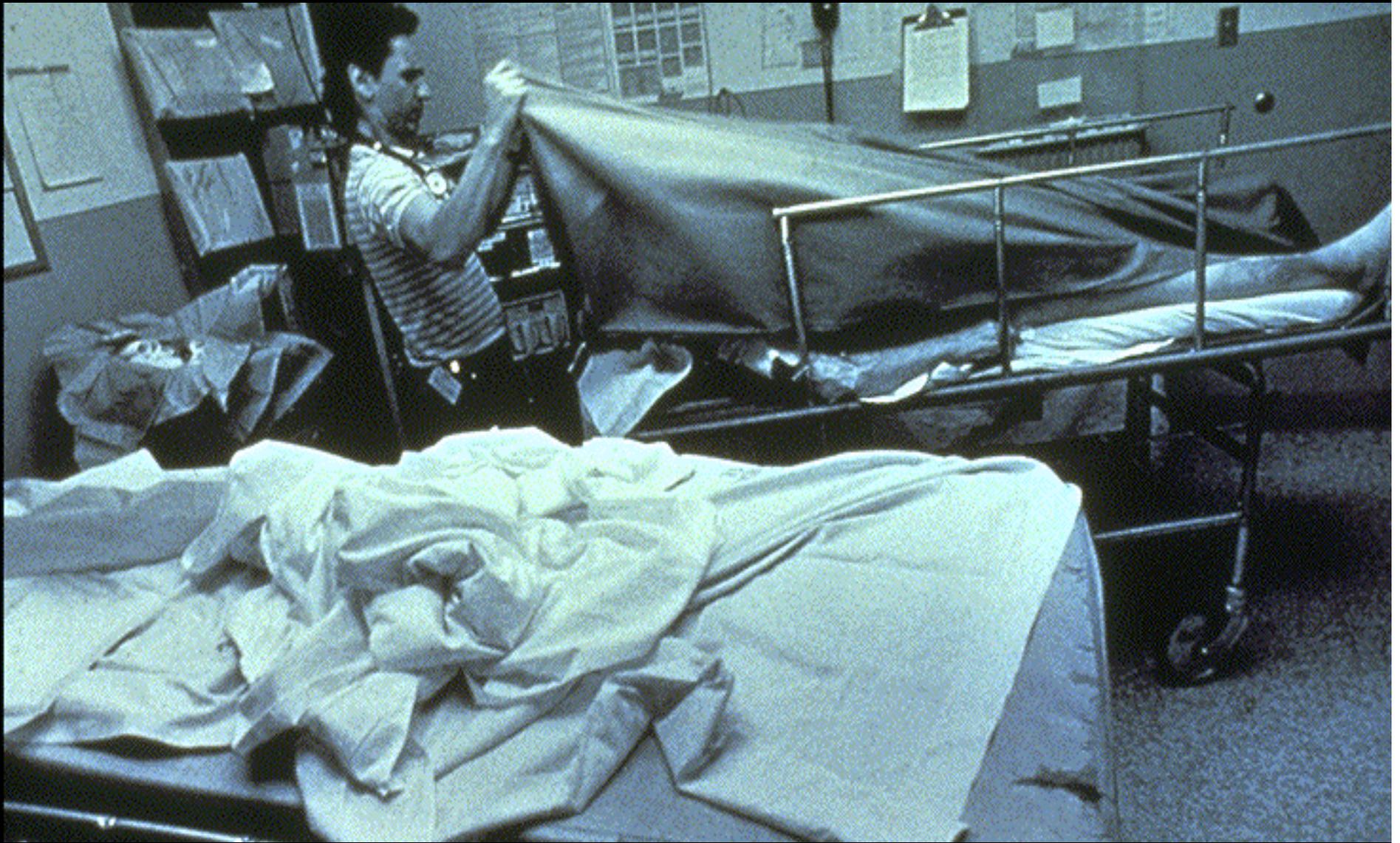
...Trauma Causes 1 of 8 Deaths Worldwide

And for Every Death....

***FOUR**
Times as
Many Have
Permanent
Disability*



By Year 2020, It Will Exceed Infectious Disease



...as the #1 Cause of Loss of Productive Years of Life

...and There's Also the Risk of Terrorist Events





London Bombings July 2005

Likewise ...

Sudden Out-of-Hospital Cardiac Arrest



... Due to Ventricular Fibrillation



With Current Protocols... < 5% Survive

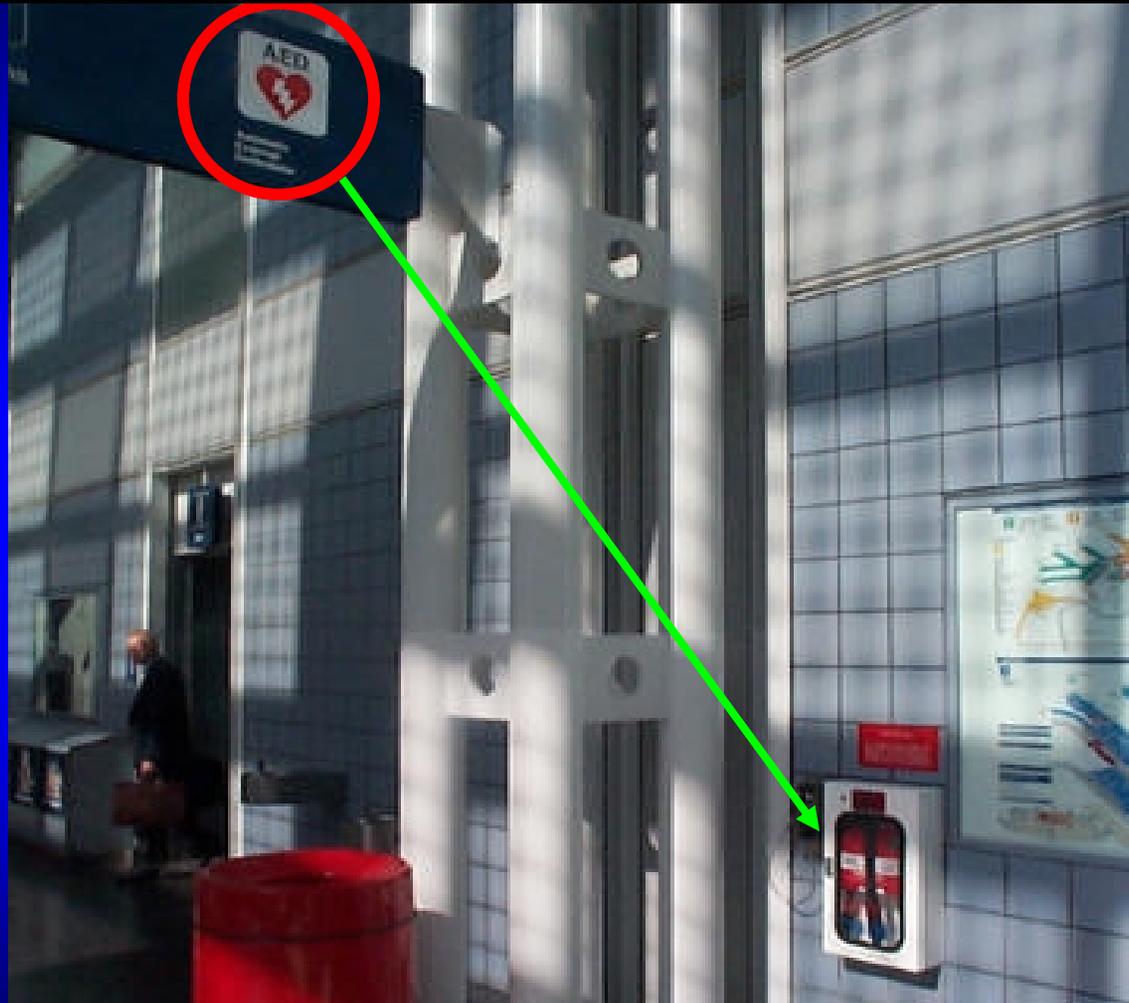
But ...

The Life-saving

Potential is

Tremendous

Automated External Defibrillator (AED) Studies



(e.g., the Chicago Airport Study)

Chicago Airport

1st Year of Study of Public AED Deployment

**Of the 9 VF Cases in the Terminal
Concourses and Ticket Counters...**

- *100% Were Saved*
- *Most Waking Before EMS Arrived*
- *Spared Precious ICU Resources (\$\$)*
- *6 Rescuers Never Trained on AEDs*

Nevertheless ...

- **AEDs Not Usually Available**
- **Many Cardiac Arrests Unwitnessed**
- **Many Arrests Not “Shockable”**
- **Life-Saving Devices Still Unvalidated**
- **Even Those “FDA-Approved”**

Impedance Threshold Device



EZ-IO (intraosseous infusion)



The Problems...

- **Even FDA-Approved Interventions Have Not Been Confirmed as Life-Saving**
- **Many Currently-Accepted Treatment Plans are Empiric and May Even Be Harmful**
- **Hundreds of Thousands of Americans Have Lost Their Lives as a Result of Inaction**

Widely-Accepted Standards of Care....



...Such as IV Fluid Resuscitation

No Clear Advantage Demonstrated ...

The New England Journal of Medicine

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IMMEDIATE VERSUS DELAYED FLUID RESUSCITATION FOR HYPOTENSIVE PATIENTS WITH PENETRATING TORSO INJURIES

WILLIAM H. BICKELL, M.D., MATTHEW J. WALL, JR., M.D., **PAUL E. PEPE, M.D.**,
R. RUSSELL MARTIN, M.D., VICTORIA F. GINGER, M.S.N., MARY K. ALLEN, B.A.,
AND KENNETH L. MATTOX, M.D.

Abstract Background. Fluid resuscitation may be detrimental when given before bleeding is controlled in patients with trauma. The purpose of this study was to determine the effects of delaying fluid resuscitation until the time of operative intervention in hypotensive patients with

Results. Among the 289 patients who received delayed fluid resuscitation, 203 (70 percent) survived and were discharged from the hospital, as compared with 193 of the 309 patients (62 percent) who received immediate fluid resuscitation ($P = 0.04$). The mean estimated intra-

*...And Possibly Harmful
in Cases of Uncontrolled Hemorrhage*

RESEARCH

= “RE - SEARCH”

More Impressively ...

Medical Anti-Shock Trousers (MAST)...



...Required in Two-Thirds of the States



MAST[®]

(MEDICAL ANTI-SHOCK TROUSERS)

CONTROL SHOCK... SAVE LIVES

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- Provide Rapid Autotransfusion
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- Fast...Applied in 60 Seconds

MAST[®] is used in:

- Accidents, Trauma, Surgery, In-Patient and ICU
- Emergency Rooms

Also available: the Toddler-mast will fit a toddler within the ages of two to four years, and Pedi-mast will fit children a size range between 46"-58" in height

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David Clark COMPANY
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360 Franklin Street, Worcester, MA 01101

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FEATURES: Same as MAST[®] III-A and AM

PLUS:

- Facilitates Examination Allows You To...
- Observe the Injury
- Monitor Skin Condition
- Easy Access to Femoral Artery

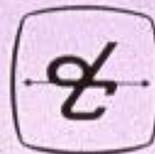
mast[®] III-AM MODULAR

FEATURES: Same as MAST[®] III-A

PLUS:

- Easy Access to Femoral Artery

Patent No. 3933150 & Patent Pending



Improved Outcomes

- **Baseline Survival of 50%**
- **MAST Group Had 69%**
- **Control Group Had 78%**

*Survival Advantages of Being in the Study
Outweighed the Study Outcome Differences!*

Improved Outcomes

- **Closer Scrutiny of Care Given**
- **Reinforcement of Standardized Performance and Procedures**
- **Improved Survival for Both Control and Study Groups**

*Tens of Thousands of
Lives Saved from Such
Methodical Work*

...A Matter of Public Trust

Actually, Most Members of the Public...



...Not Aware of Day-to-Day Protocols

Concept of Implied Consent....

...Meeting Public Expectations

Scientific Protocols More Straightforward



Standardized Approach Known Ahead of Time

Still – Public Awareness is Important...



*Community
Consultation...*

Community Consultation

- **Community Consultation Concept is Sound, But Current Rules Cause Limitations**
- **Need to Re-Focus on Certain Key Targets**
- **Need Prospective Relationships with Media, Politicians, Health Officials & Physicians**
- **Also, Inspirational, Empowerment of EMS Personnel and Medical Community**

\$\$\$ is an Issue



(so what's new !! ?)

Community Consultation

- **Q # 1** – IRB *Interpretation* of Current Rules May Lead to Unachievable and Unnecessary Disclosure
- **Q # 6** – Need to Emphasize that Minorities and Other Underserved Groups Benefit the Most from this Work
- **Q # 7** – Should Focus on Mass Media in All Languages and Use Their Internet Links and Maintain Updates
- **Q # 7** – Should Focus on Other Public Advocates Such as Elected Officials

Q # 8

*Can Persons Opt out of Day-to –Day
Trauma Care or Vaccinations and
Other Public Health Protocols ?*

Community Consultation

(Comments Cont.)

- **Q # 18** – A Community Consultation Committee be Established Including News Directors / News Managers, Elected and Health Officials, Medical Society Representatives, Care Providers and Host of Others That Have All Been Briefed
- **Q # 18** – Meeting Location Should Be Neutral and Media Announcements Should Be Done Through the Medical Community Teamed with Various Stakeholders and “Persons on the Street”

In Summary...

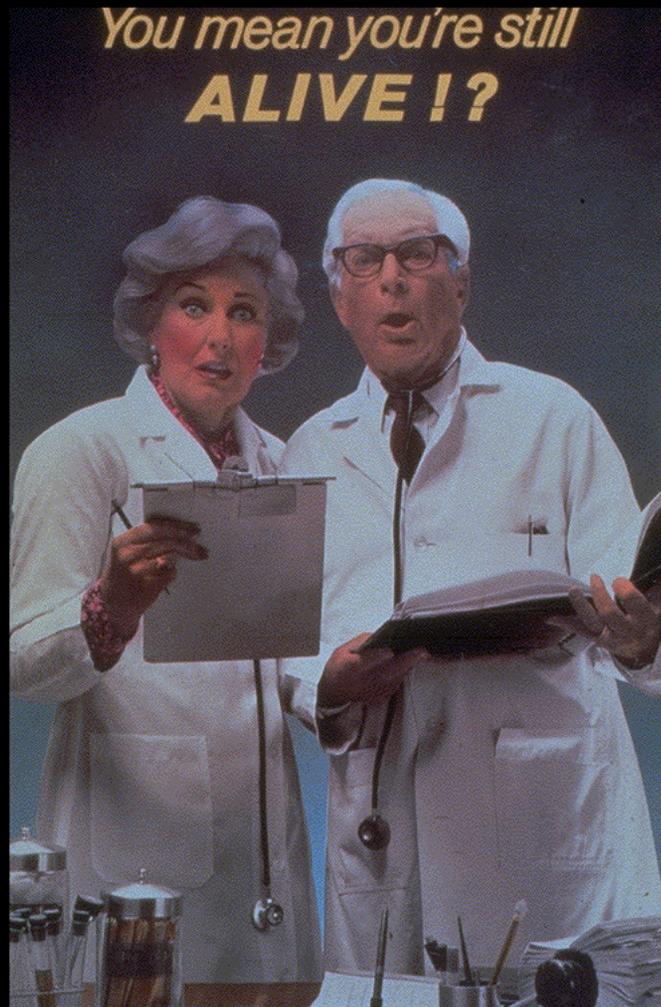
Current Rules

More Than

Adequate and Can

Be Simplified

Resuscitation Research Should Be Facilitated...



*On the Road to the
22nd Century...*

**We'll Make Life Better for
Future Generations**





That's "Thanks a Million" -- *After Indirects*



THE END