

## **MICHAEL PARR**

### **Anaesthesia, Trauma and Critical Care**

Since the administration of the first general anaesthetics, anaesthetists have been at the forefront of resuscitation. This is not surprising as the skills involved in anaesthesia and resuscitation are the same. Maintaining an open airway, supporting ventilation, establishing vascular access and administering drugs and fluid form the basis of both. But anaesthesia and resuscitation are more than this; appreciating that these processes are carried out while simultaneously assessing, diagnosing and reassessing reveals the complexity and challenge involved. The introduction of Intensive Care Units (ICU) and Emergency Departments (ED) has seen these skills disseminated by intensive care physicians and emergency physicians. This triad of emergency medicine, anaesthesia and intensive care represents the Critical Care continuum available for the most severely ill and injured in hospital. In the pre-hospital environment Emergency Medical Systems (EMS) have been introduced so that physicians, paramedics and ambulance technicians can apply these skills when needed. These skills are also increasingly available outside the traditional areas of the ED, ICU and Operating Rooms through the introduction of Medical Emergency Teams that assess and resuscitate patients in the general wards of hospitals.

One particular area of medical practice that Critical Care has been applied to with great success is trauma care. Each year more than 5 million people die from the results of injuries. The events of 2001 and 2002 have reaffirmed that we are all vulnerable to traumatic injury and that modern day trauma mechanisms have the potential for enormous numbers of casualties. While the effects of terrorism and warfare are unfortunately of increasing concern, these events still need to be seen in perspective. Traffic injuries are predicted to become the third most common cause of disability worldwide and the second most important public health problem in developing nations in the world by 2020.

The importance of communication and collaboration at national and international levels will be paramount if we are to minimise the impact of trauma in the long-term health of populations. Trauma Care International was originally founded as the

International Trauma Anaesthesia and Critical Care Society (ITACCS) in 1988 in the USA as a professional society to further the development of anaesthesia care providers as traumatologists. ITACCS was a forum to share ideas and techniques for managing trauma patients, and to provide an educational framework for trauma anaesthesia/critical care specialists. Since then, Trauma Care International (ITACCS) has evolved into an international not-for-profit scientific foundation and professional association now active in over 40 countries with over 1,000 members, with a reputation for producing and sponsoring a large volume of high quality educational programs and academic activities. The Society has just celebrated its 15<sup>th</sup> anniversary and has evolved into a mature multidisciplinary resource on all aspects of trauma care. Trauma Care International will continue to develop and maintain a multidisciplinary approach to trauma management. We have unrivalled capabilities for assembling intellectual resources, generating multinational government support, concentrating international technology and information transfer.

Managing the victims of major trauma will continue to be a great challenge for those involved in health care. In particular the challenge for developing nations to improve trauma care is formidable and will require major innovations and investment. We all have a role to play in improving trauma care, at local, national and international levels.

The management of trauma is a rapidly changing field of medical practice, and the Internet provides many attractive opportunities for interaction and education and to share trauma knowledge throughout the world. The Trauma Care International (ITACCS) website ([www.itaccs.com](http://www.itaccs.com)) will be expanding to achieve these goals. As a society we are open to membership from all disciplines involved in trauma care and we are always happy to hear from individuals with ideas on how to achieve our goals. The annual TraumaCare meetings provide an ideal forum for national and international collaboration. The planning for TraumaCare 2003 in Dallas and TraumaCare 2004 in Sydney are now in advanced stages of preparation.