



Scandinavian Update in Stavanger

Welcome to the 3. Scandinavian Update on Trauma, Resuscitation and Emergency Medicine" in Stavanger April 23-25, 2009. Following the successes in 2005 and 2007, Stavanger is again the arena for the only multidisciplinary Scandinavian conference on trauma, resuscitation and emergency Medicine in its broadest sense.

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The conference opens with a keynote lecture on a very "hot topic"; resuscitation and prognostication. At present, do we know enough to know when it is clinically and ethically correct to stop? Are we doing too much with too many patients with too little health benefit gained? Or, is it the other way around? We stop too early to see "self-fulfilling prophecies" come through? An international acclaimed expert in the field, Dr. **Hans Friberg**, will introduce us to the many facets of this discussion as well as come up with clinical recommendations.

In the same session Professor **Ari Leppäniemi** will use the Finnish experience with a total re-organisation of both in-hospital and out-of-hospital emergency medical services

to support his argument that Regionalised Emergency Centre Hospital model is the future solution for all the Scandinavia countries. The proposed changes will not only affect trauma and emergency surgery, but everything else as well: prehospital care, air ambulances, interventional radiology and cardiology, anaesthesiology, emergency and intensive care medicine.

RE-ORGANISATION OF EMERGENCY MEDICAL SERVICES

The total re-organisation of hospital and prehospital emergency medical services is a major issue in all the Scandinavian countries just now; and so is who should run the emergency business. Professor **Maaret Castren** from Sweden will present



Conferenceartist Martine Lund Hoel.
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Exhibition area. Photo: Tormod Idso.



Join us on a guided trip to the Utstein Abbey. Photo: Akuttjournalen Arena AS



Challenging and instructive on Stand-Up Science.
Photo: Atle Engen

Resuscitation and prognostication: Do we know enough to know when it is clinically and ethically correct to stop?

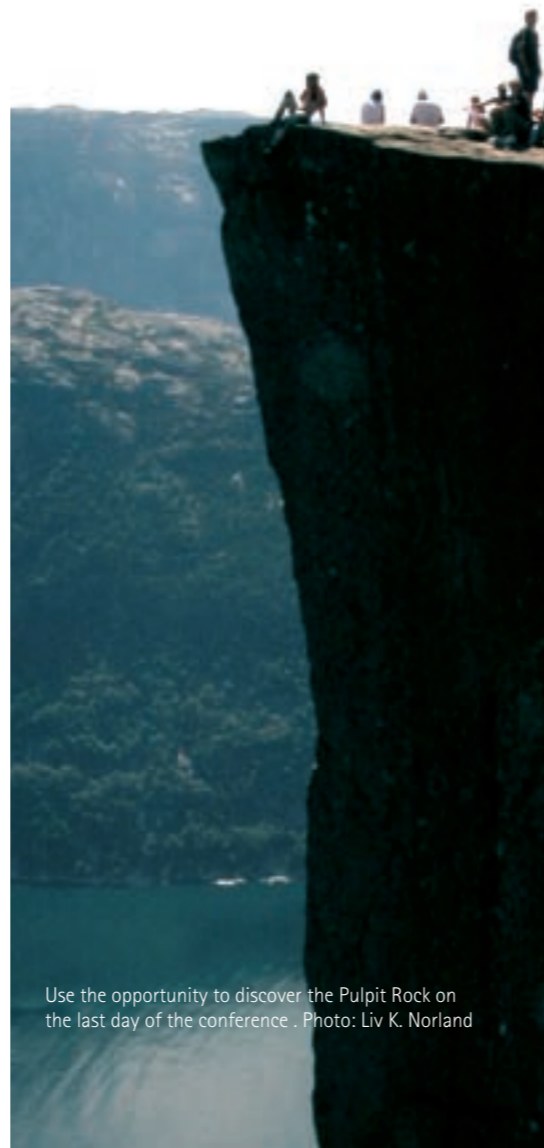
the vision of the fast-growing European Society of Emergency Medicine (EuSEM) that emergency medicine should become an officially acknowledged separate speciality. The Emergency Medicine specialist should run the Emergency Department (EM) and the prehospital Emergency Medical Services (EMS). Will it happen? Would you like it to happen? Will it solve the challenges in your system? To say that this is a “hot topic” is to say the least! Join the Conference and take part in the on-going discussions. Various sessions will discuss the experiences so far with re-organisation emergency care in the different Scandinavian countries. What worked well and what are the bad experiences so far? Nobody knows for sure how things will look five years from now. Don't miss this opportunity to take a glimpse into the future! Join the discussions, which will include key decision makers and opinion leaders, and therefore have a direct impact on your own speciality and work in the years to come. For more details please check the updated program at scandinavian-update.org/2009/

ADVANCED AIRWAY MANAGEMENT

Pre-hospital endotracheal intubation is a critical intervention carried out regularly on

the most severely ill and injured patients. Even so, it is regarded a controversial topic. The reason is that studies from paramedic, nurse and physician based EMS systems have shown major problems linked to the procedure. It looks as the time to discuss the topic based on the patient safety assumption of “first, do no harm” has come. Scientific studies on the subject are difficult to interpret. Based on this, the London Helicopter EMS and The Norwegian Air Ambulance Foundation have initiated an Utstein-like consensus process on documenting and reporting data linked to pre-hospital anaesthesia and endotracheal intubation. The work is made possible through a generous grant from the Laerdal Foundation for Acute Care Medicine. One motivation to initiate this process is to establish a consensus based database to register and compare outcome data on pre-hospital advanced airway management. Such clinical databases will contribute to improve practice, patient safety and survival. We are proud to have gathered world-leading experts in the field at the conference. You will be able take part in the most recent development!

Early, aggressive resuscitation is important, but should it include prehospital cooling of the



Use the opportunity to discover the Pulpit Rock on the last day of the conference. Photo: Liv K. Norland

brain as well? Will it only make things more complicated while we are trying to simplify the resuscitation procedures? Further, is chest-compression-only resuscitation a better way to secure more survivors than the European approach with both chest compression and rescue breaths? Why is post-resuscitation care with standardised treatment protocols including emergency angiography and PCI, not centralised in the same manner as trauma care?? Do we know it is worth all the time, energy and money? Stay updated – join the discussion.

NEUROTRAUMA

Trauma care often focuses on the bleeding trauma patient, but the no. 1 killer is neurotrauma. Is there a difference between how Scandinavia and the rest of Europe organise neurotrauma and neurointensive care, and does this affect outcome? Are we sure we provide optimal care to those in desperate need of it? We are happy to have two international experts; Professor **Martin Rusnak** and Professor **Walter Mauritz**, update us on this important topic. Clinical practice guidelines are important, but only if used. Do you use them, and if not, why? This is a generic discussion for all fields of emergency care. How can we make sure the new knowledge is implemented into daily clinical practice? And what can we learn from the experience with the Scandinavian neurotrauma guidelines?

STABBINGS AND SHOOTINGS

A maybe smaller but still very dramatic problem is penetrating trauma from stabbings and shootings. How big is the problem in Scandinavia, and what can we do to save more patients? Is better and more collaboration between the involved specialities important? Definitely. We will hear from the younger generation of surgeons and interventional radiologists and how they think.

CRM AND SIMULATION

If cooperation and CRM (Crisis and Crew Resource Management) is so important, why is still simulation based training and education in its infancy? Many international experts in the field will be there; **Peter Dieckmann**, **Wolfgang Ummerhofer**, **Arnd Timmermann**, **Torben Wisborg** and **Guttorm Brattebø** to mention a few. Shouldn't you and your colleagues be there as well?

STAVANGER

The conference venue is the same as before; Clarion Hotel Stavanger close to the inner harbour in the charming city centre of Stavanger, not far from the famous Lysefjorden and Preikestolen/The Pulpit Rock. Due to the international oil business, the hotel capacity in Stavanger is stretched to the limit. Therefore, you should register today and make a reservation for the hotel.

With ample time to meet friends and colleagues and enjoy the social program and the sight-seeing, we can only say: welcome to Scandinavian Update 2009! ■

Scandinavian Update awards

According to the theme of the conference, Formula of Survival*, four prizes will be awarded during the Welcome reception on Thursday evening. We hope that the awards will stimulate to further development of trauma, resuscitation and emergency medicine in Scandinavia.

- Best educational programme
- Best system implementation
- Best scientific paper
- Scandinavian Update's Prize of honour

Propose candidates on our website scandinavian-update.org/2009 or by e-mail to: faculty@scandinavian-update.org

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