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A tragedy we want to change

There are too many people dying from cardiac arrest. This is a tragedy we want to change. Every year, at least 350,000 European inhabitants are resuscitated unsuccessfully following sudden out-of-hospital cardiac arrest. This is 1000 inhabitants per day—1 in every 90 s—every day during the whole year, and in Europe. We talk about equality in care. Data shows that up to 60 % survive in some communities, while the survival rate can be less than 10 % in others. This is intolerable. It is time to act. We can and must do better.

Efficient translation of resuscitation science and research into care delivery practices is essential to optimize patient outcomes from cardiac arrest. The new guidelines are exactly doing this. Hundreds of experts have translated the science to recommendations on how to tackle all aspects of cardiac arrest care. Within systems of care, continuous quality improvement initiatives based on existing guidelines have led to care models contributing to better outcome. Formula of Survival states that science, education, and the implementation of the fruits of science, the recommendations, are the key factors of survival. Also implementation is addressed in the new guidelines 2015.

The Institute of Medicine, USA, published this year a report on cardiac arrest. “Strategies to improve cardiac arrest survival. A time to act.” This report gives recommendations on strategies, and the three important ones are as follows: (1) Enhance performance of emergency medical services (EMS) systems with emphasis on dispatcher-assisted cardiopulmonary resuscitation (CPR) and high-performance CPR. (2) Develop strategies to improve systems of care within hospital settings and special resuscitation circumstances. (3) Educate and train the public in CPR, use of automated external defibrillators, and activating the EMS system

[1]. All these points are in the focus of the new guidelines.

Twenty-five years after the first Utstein meeting, 36 EMS leaders throughout the world met in Utstein summer 2015 to seek an answer to how to best implement successful strategies in managing cardiac arrest and how to spread the lessons of best practices [2]. Collaboration was one of the at most important answers. Collaboration was also recommended by the Institute of Medicine report. Together we are better, stronger, and faster.

National guidelines should be viewed as baseline standards from which regional and local practice and care delivery protocols may evolve based on emerging evidence. The guidelines in this journal are a fruit of good collaboration. The Councils from three countries have worked together with a common language as the platform. This collaboration gives you now the new guidelines in your own language almost at the same time than the European Resuscitation Guidelines 2015 were published world wide. May this collaboration grow into many other mutual projects for our common goal: saving more lives by improving resuscitation on all levels. We can and will do better. Together.

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