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Focus on Disaster Medicine

Introduction to the second “Focus-on” Disaster and Military Surgery

Welcome to the second “Focus-on” Disaster and Military Surgery in the European Journal of Trauma and Emergency Surgery. This is also a forum for the Section for Disaster and Military Surgery in ESTES, for which one of the main responsibilities is to collect and report experiences from major incidents, disasters, and armed conflicts from all parts of the world, and also reports from research, education, and planning within this field, all mandatory for the continued development and improvement of our preparedness and ability to cope with the challenges that the increasing risks for events of these kinds mean for our health care system, especially within the field of trauma and emergency surgery.

This second “Focus-on” starts with a re-publication of a paper by John Pryor [1], a trauma surgeon well recognized internationally for his work in promoting international collaboration in education and training staff of all categories in trauma management and trauma surgery, killed during an international mission on Christmas Day 2008. He supported many European countries as a lecturer and instructor in trauma and made many friends within our society, and his death is a tragic loss for all of us.

His paper from the World Trade Center disaster combines his own experiences from leading the work at one of the casualty clearing stations closest to the collapsed towers with a thorough analysis of the whole response of the local health care system to the disaster, and, even if it was originally published in the first issue of the International Journal of Disaster Medicine, we consider it to be worthy of sharing also for the readers of this section of EJTES, where it now also stands as a memory of John’s work.

This “Focus-on” also includes two review articles. The first discusses the role of selective management of penetrating injuries in mass-casualty incidents, based on the recent extensive experiences within this field from Demetriades’ group in Los Angeles (Talving et al. [2]). The second review is from the Netherlands and summarizes experiences from burn casualties under war circumstances [3].

In two original papers, Trunkey reports a survey of the US trauma centers’ preparedness for dealing with terrorist attacks [4], and Marres et al. from the Netherlands report on the development of a hospital specially designed for major incidents [5]. Both papers should be of value for everyone dealing with planning and preparedness.

Finally, this “Focus-on” also includes a report from a major road traffic incident in Switzerland, according to our protocol for standardized reporting from major incidents and disasters [6]. All members of our society are encouraged to collect and report incidents according to this protocol, which is available on the

Eur J Trauma Emerg Surg 2009;35:199–200

DOI 10.1007/s00068-009-9003-6

Published Online: June 1, 2009

web site of the journal (http://www.europeantrauma.net/journal/protocol_ijdm).

Finally, do not forget your responsibility as members of ESTES, especially members of our section for Disaster and Military Surgery, to actively contribute to the collection and reporting of experiences and projects within this field, a prerequisite for further development of our ability to handle these difficult situations.

Sten Lennquist
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