

Editorial: Death Of A Princess

O Wenker, E Wenker

Citation

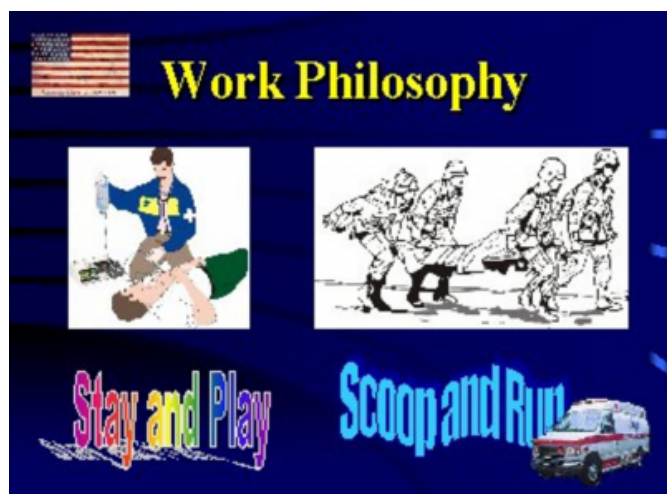
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Abstract

Did Princess Diana have to die? That is one of the central questions asked by Thomas Sancton in his article Death of a Princess; Did Princess Diana Have to Die ? A Case Study in French Emergency Medicine published in this issue of "The Internet Journal of Rescue and Disaster Medicine".

Several articles discussing the topic "stay and play" versus "scoop and run" have been published in this online journal:

Figure 1



Sefrin P: Scoop and Run or Stay and Play. The Internet Journal of Rescue and Disaster Medicine 1998; Vol1 N1: <http://www.ispub.com/journals/IJRDM/Vol1N1/scoop.htm> . Published July 1, 1998; Last Updated July 1, 1998.

Wenker O: Scoop and Run Versus Stay and Play. An Electronic Online Multimedia Slide Presentation. The Internet Journal of Rescue and Disaster Medicine 1999; Volume 1, Number 2: <http://www.ispub.com/journals/IJRDM/Vol1N2/ems/index.htm>. Published July 1, 1999; Last Updated July 1, 1999.

One has to realize that there is a significant difference in

work philosophy between Europe and the United States. Both systems have grown from different roots. While it is rather rare to find physicians in the field in the US this is very common in Europe. However, that does not imply "stay and play" philosophy. The fact that advanced treatment can be performed by a preclinical team (consisting of paramedics and trauma physicians) does not automatically mean that treatment usually performed in a hospital will also be administered out on the site of accident.

There is evidence supporting believers of each system. Supporters of "scoop and run" believe that precious time is lost while treating a patient in the field. In addition, elevated blood pressure from infusion therapy might increase bleeding and coagulopathy. Supporters of "stay and play" believe in the "golden minutes" of rescue stating that many problems can be avoided by treating the patient early and aggressively.

Figure 2

Figure 1: Supporters of the "scoop and run" system:



Figure 3

Figure 2: Supporters of the “stay and play” system:



Thomas Sancton is asking at the end of his article: Wouldn't it make sense to imagine a mixed system adapted to the particular case? A system in which a major road accident victim, with high probability of internal injuries, would be taken quickly to the operating room, while heart attack victims would receive intensive care in the field?

I think that this is a key question in the whole discussion. It would also be one of the main reasons to support the presence of an experienced decision-making person at the site of an accident. Such a person will often have to be a physician as defined by law in many countries of the world. In the US, medical supervision often is performed by modern means of communication. However, transmitted information might not be complete or medical problems might not be recognized properly and therefore never reach the supervising physician. The decision-making process (if

needed) will therefore depend on the eyes of the person on-scene. Taking such responsibility at the scene of an accident requires good trained and experienced paramedics. Many countries including the US have put an tremendous effort into this task and operate very successfully with such a system.

In addition, the means of rescue have to be adapted to the culture, history, financial possibilities of a country. This has all to be taken into account when comparing the different systems and making judgements. Different parts of the world produce different injury patterns, i.e. more chest trauma caused by guns and knives in the US compared to Europe. Patients with chest trauma usually benefit more from “scoop and run” compared to “stay and play”. However, “scoop and run” does not necessarily mean not to treat the patient at all. The French know themselves what's best for them and it not the purpose of “The Internet Journal of Rescue and Disaster Medicine” to give them advise or question their system. It is extremely difficult for the rescuers at the scene to recognize an injury such as the one suffered by Princess Diane. It is always easy to retrospectively blame people. This is neither Mr. Sancton's nor our intention. The article and this editorial is intended to refresh the International discussion on what might be best for the injured patient. The truth is often somewhere in the middle. This would support Thomas Sancton question: Wouldn't it make sense to imagine a mixed system adapted to the particular case?

Please click here if you want to proceed to Thomas Sancton's article: [Death of a Princess; Did Princess Diana Have to Die? A Case Study in French Emergency Medicine](#)

References

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