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A Simple Question

Nadine Levick, MD, MPH

We have all been most fortunate to have just seen the very positive side of the way in which our society works to protect its members. The recent NTSB inquiry into the safety of air EMS transport is just such an example¹.

But just step back for a moment, and ask a simple question, “Were those 54 lives lost over three years of any more value than the approximately 54 lives lost over a single year in ground EMS transport?” Let’s ask another simple question, “Why is it so that there is oversight for the 54 air EMS fatalities, yet there is little or no oversight for ground EMS events?”

Sure, there has been an increase in the number of air medical transports... and there has also been an increase in the number of fatalities. And yes, the NTSB has a charter to investigate all aviation crashes, but their charter also states the following regarding the scope of their practice^{2,3} (United States Code, Title 49, Chapter 11--National Transportation Safety Board Subchapter III—Authority):

“§ 1131. General Authority

(a) GENERAL.

(1) The National Transportation Safety Board shall investigate or have investigated (in detail the Board prescribes) and establish the facts, circumstances, and cause or probable cause of –

(F) any other accident related to the transportation of individuals or property when the Board decides –

(i) the accident is catastrophic;

(ii) the accident involves problems of a recurring character”

Are ground EMS events recurring in nature? Certainly the 30 or more epidemiological papers published in the past 30 years^{4,5,6,7} are all saying the same thing – lights and siren use, and intersection crashes, etc., are clearly predictable recurring events. This was also evident in the engineering papers^{8,9}.

Given the clearly described hazards of ground transport, should we tolerate this dichotomy? Just because some of the EMS providers were airborne

(when many work both air and ground), is that enough of a reason for them to have such quality safety scrutiny and support? And how does it feel to know that of those ground EMS fatalities, two-thirds to three-quarters of those who died had nothing at all to do with the transport, but were only bystanders who just happened to be in the wrong place at the wrong time? Unlike air EMS, where those involved in the transport knowingly take on the risk, and also that the fatalities in air EMS primarily are those involved in the transport not visa versa.

What do I say to Mr. Gregg Theune, who tells me that he wants no one else’s spouse to die like his wife Cindy did? Cindy was an ER nurse, who was driving home from work and was struck and killed by an emergency vehicle at an intersection¹⁰. What can one say when Greg phones back a few weeks later and says there was just another fatality in his town involving an EMS vehicle and an intersection? I can tell him by all means, I’m not going to stop him from going to his Senator, but I also know that most Senators get such types of appeals from bereaved relatives for one reason or another on a daily basis, and little is likely to come of it. However, you and I and the NTSB should all know that these events are unlikely to result in any change.

But what about us, as professional healthcare workers, a profession of unique individuals who care more about life than many others, who train rigorously to be able to save lives, and work long hard hours to put that training into practice – and what about that doctrine, the doctrine of ‘do no harm’? We are here to save lives, not to take them. It is just like the story of that frog, who if put into a pot of boiling water will jump out immediately knowing it is not right, but if put into cold water and the heat is slowly turned up he will stay in that water and cook and die. Are we that frog in the cold water? Why aren’t we all knocking on the doors of the NTSB saying, please help us, we are EMS, both ground and air,

and we care for the lives of the sick and injured. We value your oversight to optimize the safety of the clearly dangerous work we do.

I challenge all of you to think about this, and then to act in two ways: to optimize the safety of your ground EMS practice, and to do whatever is the best and right action to have the NTSB address both ground and air EMS safety. It is after all the National Transportation Safety Board. We owe it to ourselves, to our patients, and to the public.

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