

India and the management of road crashes

Sir,

I read the article "India and the management of road crashes - towards a national trauma system" by Mark Fitzgerald with interest.^[1] I really appreciate the author for the pioneering work on the difficult task of formulating a guideline for trauma care in India. The concept of total trauma care versus selected intervention in a highly specialized manner is still debatable. More often the system needs to concentrate on the semi-urban areas and industrial areas for more road traffic accidents and industrial accidents. I find from the authors' coverage of triage in Indian hospitals that majority of the deaths are preventable.

While all of us agree that there is no specified format of triage followed in a district headquarters' hospital, quite often we also find the medical curriculum in undergraduate medicine or basic surgical training not covering trauma resuscitation or trauma life support at all. There is no requirement of qualifying or recertification of Trauma Life Support courses (BTLS or ATLS). To top it all, we also do not have these courses conducted on a regular basis as compared to the western world. The incidence of trauma is no less compared to that of the western world. There should at least be

a mandatory resuscitation training program for the doctors working in any hospital, conducted locally, and the frequency of this can depend on the magnitude and the volume of trauma the hospital receives. Published reports are conflicting in this regards with the Cochrane database review by Shakiba *et al* not showing any consistent benefit in the outcome of the trauma victims by ATLS training^[2] and Williams *et al* proving the beneficial aspect of prior ATLS training.^[3] One also needs to be aware that these data should be interpreted with caution as they may not reflect a clinical practice in the developing world in its entirety. The article may also serve as an eye-opener to many involved in trauma care so as to train themselves periodically.

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