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Perspective

Life support training – Need of the hour in India



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It is a sad news that our legendary missile man Dr APJ Abdul Kalam is no more with us. . .but his vision of India being the developed nation in 2020 still remains in the hearts and minds of all of us.

He died suddenly while doing what he loved – giving lecture to a group of students. Sudden cardiac death (SCD), the condition of collapsing and dying within the first hour, as Dr APJ had, accounts for >60% of cardiac related deaths. The commonest cause in someone of his age is myocardial infarction, and I do not think, there is any debate about this. It is interesting to read the first hand information about the last few hours of the legend from Mr. Srijan Pal Singh, who was spending his time with APJ. It looks like APJ did not have any symptoms or discomfort during those last few hours and there was no warning sign. But the real question here is how was he managed during the initial few minutes after the collapse. According to media reports, it looks like he was brought dead to the hospital. As cardiologists, this should remind us all about the importance of basic life support (BLS) in the initial few seconds to minutes to revive patients who collapse – particularly with those, who are having a heart attack. It will be naïve if I say that APJ could have been revived if he had proper BLS during the first few minutes – but we know from available evidence that the first few minutes are crucial to be supported in patients, who had aborted SCDs. Most studies related to SCDs are from western countries. In a country like India with a population of 1.25 billion, no clear data are available about the percentage of SCDs. However, a study published in 2012 based on the data collected by verbal autopsy showed that SCD accounted for 10.3% of overall deaths per annum.¹ On extrapolating these data to apply nationwide, it is expected that the annual incidence of SCD to be around 7 lakhs in our country.²

In a country, where we excel in many things and describe ourselves as par to western countries in health sector, we need to ask ourselves about the availability of proper life support training programs – be it BLS or advanced life support (ALS). As we know, BLS is a simple thing that can be performed by any non-medical personnel, if they are trained for 2 h every 6 months to a year. This could be anyone in the society – office goer, policeman, security personnel, ambulance crew. What about ALS system, which are mandatory for most doctors in western countries before they start their job? How many doctors in India know how to manage if someone collapses in front of them? Does India as a country have Resuscitation Council to run these courses and training program? The government and private organizations are more keen to erect CCTV cameras all over the community, but have they ever thought about having automated defibrillators (AED) in selected places such as railway stations, airports, bus stations, Universities, ambulances and places where mass gatherings go on. It has been shown that there is a 74% chance of survival from SCDs, if the AED is applied within 3 min of collapse.³

These are the need of the hour for our country with APJ's ambition of becoming a developed nation in 2020. Health equality may not be achieved, as easily as one could think of in a 1.25 billion populated country, but simple and crucial things like BLS must be accessible to anyone in the community. The only way to achieve this is with the Government taking an initiative to support and develop this with collaboration from medical personnel. The first and foremost thing is to develop Resuscitation Council of India to develop and organize training program like this. I hope and sincerely pray that the circumstances by which APJ died to be a wake-up call for those people involved in management of this nation's health sector to do something seriously about it?

We all are familiar with the privately run life support courses in India in collaboration with resuscitation council and healthcare association of various other countries – but these are not easily affordable and available to many doctors. Unless we develop our own nations' resuscitation council with the help of the Government, these messages and training would not reach all over India. There should also be a drive from societies such as Cardiology Society of India to take this further

to the Government to kick start programs like this, thereby taking India toward APJ's goal of a developed nation by 2020.

Conflicts of interest

The author has none to declare.

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