

Responding to terror: Health care systems around the globe need to prepare for the future

January 30 2017, by Elaine St. Peter

Recent attacks in Nice, Bangladesh, Baghdad, Istanbul and Orlando highlight the need for health care professionals to gather and share lessons learned, international physicians and public health experts say in a *JAMA Surgery* Viewpoint published online Jan. 25, 2017.

Corresponding author Eric Goralnick, assistant professor of emergency medicine at Harvard Medical School and Brigham and Women's Hospital, outlines the need for a "more global concerted effort to gather and share lessons from these events [[terrorist attacks](#)] among [health care](#) professionals," stating that "the improvement of our tactics based on lessons learned is not keeping pace with the increasing need for such information sharing."

The Viewpoint was co-authored with physicians from Belgium and France following a recent conference in Paris and focus group sessions in Paris and Brussels. At these events, health care leaders discussed recent attacks around the globe, focusing on the health care challenges of responding to terrorist attacks.

Comparisons between the European pre-hospital philosophy of "stay and play" vs. the United States "scoop and run" approach were addressed, but the key takeaways were universal and included the need for "greater investment, integration, and standardization of disaster medicine curricula and the need to focus on translating military medical

knowledge into civilian practice."

Additionally, the authors outlined key points for developing a preparedness strategy:

- Valuable lessons from each attack, including practices, problems and recommendations, should be captured and disseminated in a "rapid, standardized, academically rigorous after-action reporting system."
- Educational efforts should focus on the bystander in hemorrhage control, similar to empowering laypersons to use defibrillators without prior training.
- Disaster preparedness, response and recovery education should be elevated across all health care professions. "Just as all health care clinicians are asked to learn cardiopulmonary resuscitation (CPR), so too they need to learn the basics of trauma resuscitation, including identification of threats, basic hemorrhage control and tourniquet application," the authors wrote.
- Heavy investment should be made in translating lessons learned from the military to civilian response, including investing in an effort to retain the lessons of the wars in Iraq and Afghanistan and establishing a National Trauma Care System.

"Terrorist and active shooter attacks compel us to build a network to minimize preventable deaths," writes Goralnick, who is also an instructor at the Harvard T.H. Chan School of Public Health. "Our disaster preparations which previously included extreme weather events and transportation and technological accidents, must now evolve to be prepared for the global reach, frequency and asymmetric nature of terrorist attacks whose targets may include multiple sites and multiple attackers and overload health care systems already struggling with daily capacity challenges."

More information: Eric Goralnick et al. Preparing for the Next Terrorism Attack, *JAMA Surgery* (2017). [DOI: 10.1001/jamasurg.2016.4990](https://doi.org/10.1001/jamasurg.2016.4990)

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