

## LETTERS TO THE EDITOR

### CARDIAC LIFE SUPPORT COURSES

SIR,

In an attempt to correct an apparent misunderstanding of the purpose of "Cardiac Life Support Courses," I write to respond to the letter by Dr. B. Hew, *et al.* published in the Canadian Anaesthetists' Society Journal, 26: 239. The purpose is to extend the benefits of modern resuscitation, to which anaesthetists make such significant contributions, from hospitals where its life-saving potential is limited, into the community in which its life-saving potential is now demonstrated<sup>1</sup> to be very considerable.

This purpose can be achieved only if large numbers of the general public, and public safety agency and paramedical personnel are trained to a high degree of competence, as the foundation of a new pre-hospital emergency care system. It is necessary that extensive public education in resuscitation shall be provided according to uniform objective standards that are established by experts, and which receive national and international recognition. Our colleagues in the United States were largely responsible for the establishment of such standards in 1974<sup>2</sup> and for continuing review and modification in the light of experience and progress. Effective and uniform teaching requires the creation of a hierarchy of instructors who are thoroughly familiar with the standards, curriculae and the teaching methods upon which they are based.

Wide-spread public education in Basic Life Support can be achieved only by using training mannequins designed to provide objective evidence of correct airway management and adequate ventilation by rescue breathing, and effective external heart compression. Large scale education of paramedical personnel in Advanced Life Support can only be achieved on mannequins designed to demonstrate definitive care in artificial ventilation and oxygenation, recognition and management of arrhythmias, and so on, in the simulated cardiac arrest situation.

With insufficient interest and involvement as yet in Canada by those who possess real expertise, leadership in public education in Basic Life Support has of necessity been assumed by many who, without direct experience in resuscitation, lack perspective. The cult of the "perfect test strip", to which Dr. Hew, *et al.* so properly ob-

ject, and now at last abandoned by the Canadian Heart Foundation as the chief criterion in Basic Life Support provider instruction, exemplifies the consequences of lack of informed leadership.

Extensive experience with objective performance testing has repeatedly demonstrated that physicians, and even anaesthetists, without appropriate mannequin practice do not necessarily perform Basic Life Support skillfully. Equally, there is no question that appropriate mannequin practice improves performance by all involved in resuscitation and that proper instruction in Basic Life Support can be provided to physicians by non-physicians.

In summary, the purpose of "Cardiac Life Support Courses" developed by the American Heart Association and endorsed by the Canadian Heart Foundation and the Ontario Medical Association is not to impose upon reluctant physicians an additional license to practice, presented by questionable authorities. "Certification" is meant to imply a level of achievement according to reasonable criteria, in voluntary training programs that do not presume to have legal significance. The real purpose is to promote widespread public education both in preventive medicine and performance in resuscitation according to internationally recognized standards, as the basis of a new and greatly improved Pre-hospital Emergency Care Delivery System. If such a system is soon to be established in Canada, it is both opportune and necessary that anaesthetists, as established authorities in resuscitation, should contribute by extending the benefits of their experience beyond the hospitals through active participation in public education according to standards acceptable to informed experts.

A.C. Webster, M.B., F.R.C.P.(C)

#### REFERENCES

1. THOMPSON, R.G., HALLSTROM, A.P. & COBB, LEONARD A. Bystander-initiated cardiopulmonary resuscitation in the management of ventricular fibrillation. *Annals of Internal Medicine* 90: 737-740 (1979).
2. Standards for cardiopulmonary resuscitation and emergency cardiac care. Supplement to *J.A.M.A.* 227: 833-868 (1974).