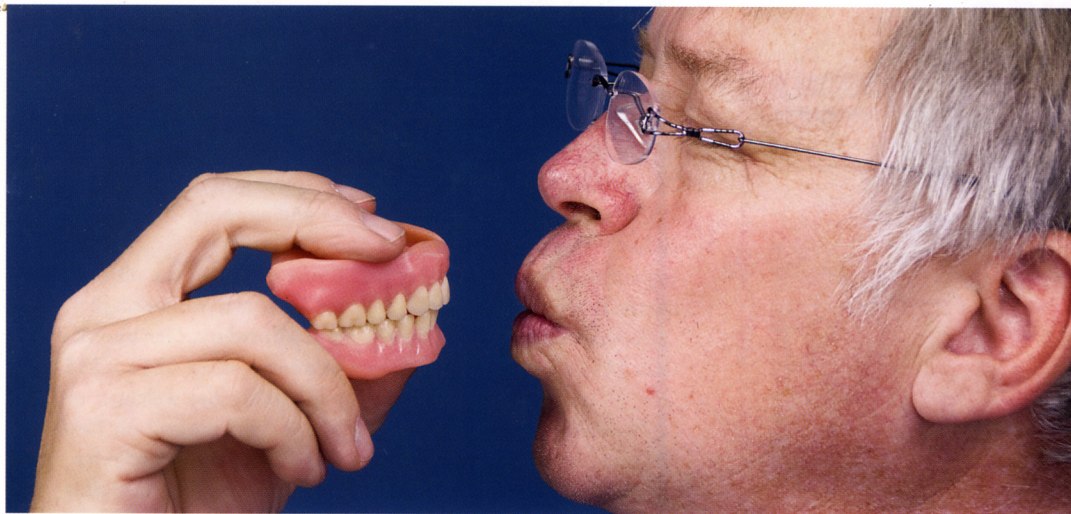


Myths in Medical Emergencies



LIGHT AIRS



David Miller

'TEETH' SAID DENTIST DR Tony Skapetis from Westmead, 'are part of the body. Doctors are allowed to look at them. Those that do please raise your hands.' Heads hung shamefully and not a hand went up.

Now and again a really good educational program comes up and for me to be told that doctors can help in dental emergencies was a great revelation. Dr Skapetis goes around the countryside helping to fill an appalling gap in traditional medical education.

How this schizophrenic approach to human anatomy came to pass is hard to understand, but one can imagine a high level deal being done in some brown furnished club of old. 'Listen old chap, if you don't do tonsils we won't do teeth,' and the bargain was struck. And it has run deep. Our own Medicare has a very strange attitude to dental health. Eyes? No worries, bulk billing at the optometrist willy-nilly, but doctors who do dental care plans had better watch out for a wrathful auditor.

The rough truth is that every weekend the emergency doctor sees people in dental pain or with broken or avulsed teeth. Like so many others, I don't look at fangs because I'm not a dentist. As an anaesthetist I was taught to not damage them with the laryngoscope, and that was the extent of my dental education.

Dr Tony taught us the number of teeth in the human head, both in adults and children, and even the system of naming by num-

bers. It was all very illuminating. We even learned dental anaesthetics. Tony opened the gates of the Forbidden City. Reassuringly, he also said that if we need advice just to ring Westmead switch and ask for the dentist on call.

We had a great time mixing GIC cement. It reminded me of boatbuilding and I feel I now have permission to open the dental trauma kit with confidence.

I don't want to sound curmudgeonly, but I have to say that in comparison I find the many courses for cardio-thoracic emergencies using simulator dummies to be mind numbingly boring. Of course we need to know basic CPR, but in reality how often do doctors have to perform these panicked procedures on real patients?

'Always walk to an emergency. Never run.' Words I will never forget from my teacher in anaesthetics 40 years ago as the earnest young resident ran up to the tall-gowned figure of Dr Middleton-Price looking relaxed in his white theatre gumboots. 'Quick sir,' I said breathlessly, 'there's a cardiac arrest on the ward.' He placed his hand reassuringly on my shoulder and slowed me right down as we walked to the scene.

'It's better to arrive unflustered' he explained. 'There is always someone there who knows the routines and your place as the senior is to stand, assess and direct. In many cases your actions don't make much difference. Patients often live or die anyway, regardless of what you do. Often

your job is to make the final call. That can be hard.'

In the intervening years it seems not much has changed in CPR until recently. It had always been an article of faith to ventilate the lungs as a first priority. One very positive outcome of the shift to chest compression is that the rescuer is not expected to kiss the victim quite so much as previously. CPR is more palatable under the new regime and may attract increased acceptance in the public mind when the message finally gets through.

Shifting right along - this has been a bad year for ticks. Dogs with paralysis and humans with allergy are going down like flies in the face of this toxic predator. Folk wisdom around emergency first aid is colourful and controversial. Debate is spirited about whether to kill first or just to extract the little devil. One patient explained to me that application of teatree oil causes the tick to back out of the victim, the oil causing tick asphyxia because it breathes through its bottom.

Some recent official advice crossing my desk suggested squirting it with engine-starting spray containing ether.

I checked through the rusty tins in my shed and sure enough I found a can of 'Start Ya Bastard' off my old boat. It was so ancient that it contained not only ether but CFC's as well, which raised concerns not only about emergency medicine but the ozone layer as well.

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