

“One Front and One Battle”: Civilian Professional Medical Support of Military Surgeons

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“There is one front and one battle where everyone in the United States is in action, and will be privileged to remain in action throughout this war. That front is right here at home . . .”

—Franklin D Roosevelt, April 28, 1942

Although a dedicated corps of full-time active-duty and reserve component military physicians now provide most US battlefield medical and surgical care, the military services have continued to benefit from close collaborations and interaction with civilian counterparts. In addition to the individual service and facility-specific relationships with civilian trauma experts and trauma centers described elsewhere, there has been a concerted effort to establish, maintain, and expand programs that promote professional interactions and exchange of information between military and civilian surgeons and surgical leadership.

These interactions are not new. The history of civilian professional medical support for the military can be traced back nearly a century. In 1916, foreseeing the possibility that American involvement in the European hostilities of World War I might become a reality, The Committee of American Physicians for Medical Preparedness, chaired by

William Mayo, was formed on behalf of 5 national societies, including the American College of Surgeons, the American Surgical Association, and the Clinical Congress of Surgeons of North America. The initial mission of this committee was simple in design: to tender professional medical services and consultation to the Federal Government in anticipation of war. The resulting inputs and associated involvement of academic institution partners led to the development and implementation of hospital units from Johns Hopkins, Harvard, University of Pennsylvania, Tulane, and others in support of allied troops in Europe. These supports were again renewed in subsequent conflicts with initiatives such as the “Doctors at War” series sponsored by the AMA during World War II; for which the AMA received special recognition by the Army Surgeon General. During these and subsequent conflicts, professional medical societies and their associated journals provided military surgeons the means by which to report their experiences and record their lessons learned for the benefit of military surgeons and civilian colleagues alike.

During the course of the current and ongoing combat operations in Iraq and Afghanistan, the response of the civilian surgical community has continued, proving nothing short of overwhelmingly supportive. Modern efforts by professional medical societies and their associated journals have greatly facilitated all aspects of combat trauma readiness and the delivery of battlefield care. Although a full and exhaustive listing and description of these many interactions is beyond the scope of a single article, the following is a focused listing and summary of several key collaborative programs that have both directly and indirectly contributed to the continued preparation and welfare of the military surgeon for combat operations:

American College of Surgeons

The American College of Surgeons (ACS) serves as the primary national professional organization for US surgeons, and is involved in all aspects of surgical policy, education, training, and outreach. The ACS has a long history of robust support and collaboration with the military, and includes many military physicians among its leaders and committee members. The ACS makes special exceptions to membership criteria for military service members, recog-

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Abbreviations and Acronyms

AAST	= American Association for the Surgery of Trauma
ABA	= American Burn Association
ACS	= American College of Surgeons
COT	= Committee on Trauma
EAST	= Eastern Association for the Surgery of Trauma
JOT	= Journal of Trauma and Acute Care Surgery

nizing the reality of frequent relocations and deployments of military surgeons, and the majority of present military surgeons are active fellows of the ACS. The ACS Committee on Trauma (COT) (<http://www.facs.org/trauma/index.html>) divides the United States into geographic regions for representation, and has recognized the military as a distinct region (ie, region XIII). This has allowed continuous military representation and participation in all ACS COT activities, including close collaboration in developing military-specific versions of ACS trauma training programs, such as Advanced Trauma Life Support and Prehospital Trauma Life Support. Military surgical residents and staff involved in trauma-related research are also given the opportunity to participate in the yearly ACS COT Resident Trauma Paper Competition, and the winning article from the military region XIII is presented at the annual national COT meeting.

The close relationship maintained between the ACS and the military is manifested in the very construct of the Joint Trauma System that is used in Afghanistan today. The implementation of the Joint Trauma System, occurring in November 2004, was the direct result of a collaborative effort between the 3 Surgeons General of the US military, The US Army Institute for Surgical Research, and the ACS COT.¹ In addition, the ACS COT has proven instrumental in cosponsoring with the American Association for the Surgery of Trauma, the senior visiting surgeon program (outlined in American Association for the Surgery of Trauma), and sponsoring the visit of senior surgical leaders into modern theaters of combat. These consultation visits have supported the continued maturation of the Joint Trauma System in Iraq and Afghanistan through the inputs of senior civilian trauma leaders² (Fig. 1).

American Association for the Surgery of Trauma

The American Association for the Surgery of Trauma (AAST) serves as the largest national professional organization for US trauma and acute-care surgeons, and maintains a long history of both collaboration with and support for military surgeons. The AAST actively encourages the application of military surgeons for membership and promotes their participation in organizational leadership roles.

The organization has established a special standing committee, the AAST Military Liaison Committee, which has been tasked with representing the special needs and aspects of the military membership as well as fostering improved military–civilian collaboration. The committee is chaired by an active military surgeon and is composed of both military members and civilian members with special interest in the military. The committee chairman reports to the President of the AAST, allowing for direct access to the organization leadership.

The AAST has established several programs that have greatly contributed to readiness capabilities and aided in fostering the exchange of information and ideas between military surgeons and civilian experts in trauma care. The AAST has recognized the critical importance of disseminating the experience and lessons learned from the military experience during combat operations and fostering discussions between military and civilian experts. To this end, they have established a dedicated Military Session at the AAST Annual Scientific Assembly, the largest national meeting of trauma surgeons in the United States. This session is dedicated to the presentation of both military-related trauma research and selected topical lectures or panels that bring together military and civilian expertise for debate and discussion. In addition, the annual meeting now also includes a 1-hour lunchtime session dedicated to a military-specific topic under the direction of the Military Liaison Committee.

One of the most successful of these programs has been the Senior Visiting Surgeon Program (cosponsored with the ACS COT).³ This program seeks to provide recognized senior civilian leaders in trauma and surgery with an opportunity to spend several weeks to months as a visiting faculty member and active staff surgeon at Landstuhl Regional Medical Center, the primary military receiving facility for all soldiers injured during combat operations in Iraq and Afghanistan. In addition to providing key civilian surgeon leaders a unique front-line insight into military combat trauma care and a better appreciation of the military mission, this program allows for exposure of military personnel to some of the most renowned and experienced civilian surgeons and educators in the world. The Senior Visiting Surgeon program has greatly fostered an active and open 2-way flow of information, experience, and lessons learned that has resulted in countless improvements in the care of our wounded warriors. Additional information as well as the written reports of select Senior Visiting Surgeon faculty who have completed the program can be found online at <http://www.aast.org/Membership/SeniorSurgeonProgram/Default.aspx>. Since 2004, at the direction of then AAST President Dr Gill Cryer, they also recognize members of the AAST

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