CORRESPONDENCE

The Treatment of Patients With Severe and Multiple Traumatic Injuries

by Prof. Dr. Prof. h.c. Edmund A. M. Neugebauer, Prof. Dr. med. Christian Waydhas, PD Dr. med. Sven Lendemans, Prof. Dr. med. Dieter Rixen, Dr. med. Michaela Eikermann, Prof. Dr. med. Tim Pohlemann in volume 6/2012

Team Leadership in the Emergency Room

We thank Neugebauer et al for their summary of the S3 guideline on the treatment of patients with severe and multiple traumatic injuries (1).

Discussions that have already reached a conclusion, on the subject of who has the legitimation to lead treatment in the emergency room, should not again have been presented in a one-sided way in the summarized guideline (p. 105 of the article). The options for team leadership in the emergency room were subject to intense multidisciplinary discussion in the context of the guideline process and were formulated unequivocally in the text of the guideline. No robust evidence was identified in support of the superiority of a particular leadership structure in the emergency setting ("trauma lead" vs "multidisciplinary teamwork without a team leader") or of a "trauma lead" belonging to a particular medical specialty (anesthesiology, surgery, trauma surgery) with regard to patients' survival (2, 3). The guideline therefore stipulates: "team leadership is required, regardless of which medical specialty is represented or whether an individual or a team takes over (3). Within the institution, the functions and qualifications of the team leader or multidisciplinary leadership team in the emergency room should be defined. Ideally, after discussion, the "best individual" or "best persons" should take over the task of the trauma lead or multidisciplinary leadership team" (2). In our opinion, these additional comments are essential for the appropriate and unequivocal application of the S3 guideline for patients with severe and multiple traumatic injuries and for high-quality multidisciplinary patient care in the emergency room.

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Conflict of interest statement

Professor Böttiger is the chair of the European Resuscitation Council and the GRC. Professor Nöldge-Schomburg has received honoraria for the advisory board "Bridion" and accounted for honoraria for studies by Dr Roesner and Professor Schubert.

In Reply:

We thank the correspondents for their valuable additions to our S3 guideline summary (1). We would ask you to appreciate that in cases where evidence is lacking, trauma surgeons who have undergone appropriate further training and gained qualifications are obviously not to be exempted from their particular responsibility in the acute treatment of patients with severe and multiple traumatic injuries—the medical care for such patients is one of the key responsibilities of a trauma surgeon and is included in the specialty training regulations for orthopedics, trauma surgery, and the additional qualification in "specialized trauma surgery." We are well aware that facts and figures are essential to quantify this discussion. The basis for such a jointly conceived study could be data from the TraumaRegister DGU of the German Trauma Society. As you know, all trauma centers participating in the project TraumaNetwork DGU are obliged to participate in this register. From the experience gained during the implementation of the TraumaNetwork DGU in more than 600 hospitals since 2007 (2) we know exactly—which gives us cause for concern—that the really serious problem is not so much the question of who is responsible for emergency-room treatment but rather, the availability of an experienced anesthetist and (trauma) surgeon, which has become a rather common problem. For this reason, we, together with the medical specialty societies, need to further strengthen our jointly set-up measures—establishing regional trauma networks concentrating on treatment in qualified centers—in the future, so that even in times of increasing staff shortages, optimal and guideline-conform treatment can be given at any time and anywhere. We thank the representatives from the DGAI, and especially the correspondents for their extensive support and participation in the Trauma Network-DGU project.

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Professor Neugebauer has received consultancy fees from NovoNordisk. The other authors declare that no conflict of interest exists.