

# "Time is Life" - A Duty of Awareness on Sudden Death

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In the last months, we have been experiencing moments of anguish and debate on sudden death, which is the first general cause of pre-hospital in our country, as well as in developed countries. Cardiovascular emergency, either pre-hospital or in-hospital, is much more than big investments in prevention, thrombolysis, interventionism and isolated defibrillation. Providing awareness and habilitation for physicians, non-physician healthcare professionals and lay people is a necessary duty while society.

Recent deaths of football players and other athletes have placed cardiovascular emergency under distinction and created another reason for scientific investments, investments in continuous education, and financial investments in the area. Similarly, approximately 800 people, from different age ranges, who have not been shot and shown on TV, die every day in our country<sup>1</sup>. The most profitable discussions that can be absorbed from those events are not related to finding the guilty ones, as if there are any single guilty parties in any of those cases, we would have to judge the other 799 daily cases, which would be humanly unfeasible and without any results, as the main emphasis would be in the lives that could have been saved. We must plan measures in continuous education, propose investments and institute scientific protocols in the area.

In June 2004, Sociedade Brasileira de Cardiologia (Brazilian Cardiology Association) along with Associação de Medicina Intensiva Brasileira (AMIB) (Brazilian Intensive Medicine Association) and the Conselho Nacional de Ressuscitação (CNR) (National Resuscitation Council) started a campaign with the aim of making aware the 4 major **time-dependent** situations in emergency: cardiorespiratory arrest, myocardial infarction, cerebrovascular accident and obstruction of airways. The first three among those situations are cardiovascular emergencies and must be, unquestionably, a reason for preoccupation in the actuation field in our society.

**Time is Life Campaign**<sup>2</sup> aims at making aware and habilitating lay people in the first links of cardiorespiratory arrest survival chain, myocardial infarction and cerebrovascular accident, in addition to obstruction of airways, which are the greatest morbidity and mortality clinical emergencies in our field. By counting on other medical and non-medical associations, with popular sensitivity and the government, the campaign also aims at stimulating medical and

other healthcare professional education in the initial treatment of cardiovascular emergency, especially cardiorespiratory arrest, through the institution of basic life support protocols and public access to defibrillation, which are already widely disseminated measures in other countries.

Until recently, existing pre-hospital emergency systems in our country did not have a single medical regulation and were directed exclusively towards the trauma. With the implantation of SAMU (Sistema de Atendimento Móvel de Urgência – Mobile Urgency Care System) from the federal government in many cities in Brazil, of French model, the objective is that emergency be seen as a whole. So, the participation of cardiovascular emergency conquers space and will be valued as it really should be. For that, different from the model of trauma centered in healthcare professionals, there is the need for a better preparation of lay population, of non-medical healthcare professional and physicians. SAMU attended to, until October, 2004, through medical regulation, 150,460 cases (DATASUS), distributed amongst the 38 SAMUs researched, being 71,137 (47.2%) of these cases clinically isolated (excluding trauma, psychiatric emergencies, obstetrician and pediatric). Among the clinical cases, cardiovascular and respiratory were predominant, representing more than 15,000 cases in the period. A great part of these cases is dependent of an adequate basic support, that is, of lay people who are able to recognize and know what to do at the first signals and symptoms of a cardiovascular emergency or urgency. The continuous education of lay people by health professionals, able in teaching cardiovascular emergency procedures, is directly linked to the survival rate of patients with acute myocardial infarction and cardiorespiratory arrest. The existence of a pre-hospital health system, aimed at an adequate cardiovascular emergency, will only happen entirely when a basic life support system is implemented with excellence in the community as a whole. This system must deal with all the aspects of the consciousness and training of the lay population and health professionals. The first step was given SAMU and it is the duty of medical societies to reinforce the survival chain as a whole.

The role of the cardiologist and the cardiovascular emergency professional is fundamental, as it has the globalized view on the matter, involving from the pre-hospital part to the hospital one. Cardiology actuation in this area has no limitations. It goes from essential training in basic and advanced life support run for lay people, non-medical professionals and physicians, as well as in therapeutic measures as thrombolysis, interventionist measures and in the development of consensus and research in cardiovascular emergency.

Sudden death must be faced as an epidemic by medical and non-medical society and avoided with all engagement. Medical engagement must be directed towards prevention from cardiorespi-

ratory arrest as much as for the treatment. As time and organization in care are fundamental factors in the treatment of ventricular fibrillation (which is the main cause of cardiorespiratory arrest), as well as immediate defibrillation, duly qualified non-medical professionals and lay people must be involved in that treatment<sup>3</sup>. For the control of such epidemic, cardiology must be technically and scientifically supported in international consensus, both in treatment and

training protocols<sup>4</sup>. Other death causes as the trauma, although not as usual as cardiorespiratory arrest, bring a greater social impact with them, thus achieving a greater support from the government and society. However, cardiology society must be involved with other associations and provide the scientific support, so this very frequent cause of deaths in our environment is discussed and has its importance duly acknowledged by society. **Time is Life!**

## References

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