

destination or divert the aircraft.

The problems of illness on board aircraft and the current state of in-flight medical assistance and where it appears to be heading is reviewed.

Keywords: airlines; elderly; flying; illness; medical assistance; tourists

Prehosp Disast Med 2001;16(3):S110-111.

Radio-Maritime Medical Services: The Singapore General Hospital Experience

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Medical care for the sick and injured on a variety of seafaring vessels throughout the world represents a challenging area of medical care, viz. maritime medicine. The scope of this field is extremely broad, and is unique in terms of the problems encountered at sea, logistical difficulties in assessment and treatment of patients, as well as in the provision of definitive medical care. Sparse resource availability, great distances, isolation, communications difficulties, accessibility, and weather are all very challenging problems.

In Singapore, radio-medical advice was first coordinated by the Port Health Authority until 1980, when the Accident and Emergency Department at Singapore General Hospital took over the responsibility of giving advice to ships on the high seas. About 100 calls for radio-medical advice are received annually.

The commonly-encountered problems, diagnoses, and frequently prescribed treatment will be discussed. The different modes of communication, provision of basic and continuing education, and skills upgrading for seamen, how to maintain standards of care on-board, as well as the latest in state-of-the-art techniques of telemedicine and video-conferencing will be highlighted.

Keywords: accessibility; communication; medical; radio-medical; sea; ships

Prehosp Disast Med 2001;16(3):S111.

Research in Disaster Medicine

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Disaster Medicine is a new science and the development of a science requires information. As a science, we modify what we do in a given circumstance based on the validity and reliability of what we have learned through research integrated with our own experience. Such actions are tempered by the resources available or potentially available. Furthermore, it is not possible to obtain additional resources or generate change without supporting data.

Disasters are increasing in frequency, intensity, and scale. The damage resulting from an event can be assessed in terms of human, economic, and intangible costs.

Obtaining accurate and reproducible information from each of these catastrophes is essential in order to mitigate these costs. Activities to mitigate the damage from future events may be directed toward elimination or modification of the hazards, decreasing the risks for actualization of the hazards (pre-event status), and/or in responses to the event from the initial responses through recovery and rehabilitation and constitute the objectives of disaster research and evaluation.

Disaster research, in addition to traditional medical research, e.g., randomized, controlled, experimental studies, requires qualitative research techniques that include structured interviews, surveys, and case-controlled studies. Similarly, the use of severity scores will become important. Thus, to accomplish good research in this field, we must learn new techniques and sampling strategies: ones that have high external validity, good internal validity, and high reliability. The results from their use have modified our approaches to subsequent events. The design of such studies is discussed in detail as the Third Template in the *Guidelines for Evaluation and Research in the Utstein Style*.

The sooner that a study is conducted after the event (if sudden-onset), the better will be the information obtained, as the information is perishable. Ideally, such studies should be done concurrently; but this raises some ethical issues, particularly in acute-onset events. Concurrent studies have great utility in the later stages of sudden-onset disasters and in delayed-onset or chronic types of disasters. Examples of successful projects will be discussed.

The time of anecdotal reports is past: the information obtained without a structure for data collection and analysis only serves to repeat what we already know and generally contributes little to furthering our science.

Keywords: costs; data collection; disaster medicine; guidelines; research; science; structure; techniques; timing; training

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Prehosp Disast Med 2001;16(3):S111.

The Future Direction of EMS in Singapore

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The current Emergency Ambulance Service (EAS) in Singapore is an amalgamation of the ambulance services of the Fire Service and Ministry of Health in the 1977. Its conversion to an emergency medical services (EMS) system utilising paramedics specialising in prehospital care, started in June 1998 and was completed a year later.

There are four challenges facing the EAS. First, it must be determined whether there is a need to further train paramedics from an EMT-Intermediate level to EMT-Paramedic level in view of factors such as the short transport time to the nearest hospitals and the longer period of training required. The current training system is based on a single-tier response and on that of the Justice Institute, British Columbia.

Secondly, the degree of medical direction required for the EAS as more procedures are made available for paramedics