Comment on Collegiate Neurosurgery in Disaster and Mass Medical Emergencies: Lessons Learned from Mexico

Arthur SANIOTIS1,2,3

1Hawler Medical University, College of Medicine, Erbil, Iraq
2University of Adelaide, Adelaide Medical School, Biological Anthropology and Comparative Anatomy Research Unit, Adelaide, SA, Australia
3University of Zurich, Institute of Evolutionary Medicine, Zurich, Switzerland

Corresponding author: Arthur SANIOTIS arthur.saniotis@adelaide.edu.au

Many places in the world are vulnerable to mass emergency events due to natural disasters, human conflict, or a combination of both. Ramos-Zúñiga et al., provide important information for Mexican neurosurgeons during mass medical emergencies (1). Their study indicates that neurological lesions such as lacerations, spinal injuries, depressed fractures and cerebral haemorrhages are common injuries during earthquakes. Due to the deleterious nature of such lesions, neurosurgeons must be at the frontline of emergency response teams.

Ramos-Zúñiga et al. note a lack of official media activity by Mexican neurological institutions. The authors rightly assert that a framework needs to be implemented in relation to how neurosurgeons can be educated in the efficient use of social media during such events. Like other medical specialists, neurosurgeons are generally time-poor and have little enthusiasm for adopting technologies without direct medical relevance. However, it is not explained why Mexican neurological institutions have been reticent in engaging with the social media.

Moreover, as the authors rightly point out, a major role of neurosurgeons during mass emergency events is to “identify salvageable from non-salvageable casualties”. This classifying system enables medical resources to be prioritised depending on a patient’s degree of injury. However, the ability for neurosurgeons to distinguish between different kinds of lesions in precarious environments is easier said than done. Here, I would propose that Mexican neurological institutions and emergency service organisations incorporate conjoint training drills (simulating earthquake or human conflict emergencies) as part of a disaster response framework. Alternately, selected Mexican neurosurgeons could join international emergency response teams and receive relevant training in communication technology and injury identification in different disaster/conflict environments.

REFERENCES