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THE WORLD AS IT IS

ACTION DOWN UNDER

Richard Moon

While most scholarly medical societies are organised by physicians. I recently attended a meeting of a society in which nurses and hyperbaric technicians have taken the lead. The September 1995 meeting of the Hyperbaric Technicians and Nurses Association (HTNA), with Dave King as President, superbly hosted by the Alfred Healthcare Group Hyperbaric Service in Melbourne, Australia, was a winner.

While the setting for the gathering was unsurpassed, it was more than matched by the content. Among many

others were presentations of several cases of decompression illness with clearly documented exacerbation with altitude after apparently successful treatment, use of hyperbaric oxygen (HBO) for necrotising wounds due to white-tail spider bites, a review of the Hyperbaric Incident Monitoring Study, report of decompression illness after technical diving and interim results of a randomised study of hyperbaric vs normobaric oxygen in the treatment of carbon monoxide poisoning.

The Australian and New Zealand Hyperbaric Medicine Group (ANZHMG), consisting of civilian and military hyperbaric physicians form the region, held an executive meeting immediately afterwards. The 1994-1995 Committee, chaired by Dr Harry Oxer of Fremantle, discussed several issues of mutual interest, including safety guidelines for administration of HBO for sport injuries and clinical trials. Organisation and promotion of clinical trials is a role which this body has decided to take on, with the worthy goal of one trial in each area of HBO and diving medicine to be initiated each year. It may be an advantage of a relatively small group of hyperbaricists, most of whom practice in or near a major teaching hospital, that nation-wide consensus and co-operation in multi-centre trials and safety issues may be readily achieved.

In Australia there are 8 civilian facilities and 2 fixed military chambers serving a population of 18.3 million people. This ratio is similar to the US and Canada, in which there are 215 chambers serving 292 million people. Statistics of cases treated in Australia were published in the Proceedings. In 1994-1995 there were 8,736 treatments of 1,044 patients. The conditions treated were familiar, but unlike American practice, Australian treatments are dominated by emergencies, which account for 77% of patients. In comparison, in 1993 only 40% of North American patients treated were for emergencies. The huge amount of recreational diving per capita, particularly in Queensland, is reflected by the fact that more than half of all emergency patients have decompression illness. The majority of Australians live in or near a major city and thus hyperbaric therapy is accessible to most of the population. The only major population centre without a local hyperbaric facility is Brisbane, in which there are plans to install one. The smaller number of non-emergency treatments suggests considerable scope for expansion of clinical services.

There was a general consensus that the HTNA is becoming the society representing the interests of hyperbaric oxygen treatment in Australia and New Zealand. Judging by this meeting the next HTNA meeting in Hobart, Tasmania, on August 29-31 1996, should be an excellent one.

Key Words

Hyperbaric facilities, meeting, treatment.

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HYPERBARIC MEDICINE UNIT OPENS

The Hyperbaric Medicine Unit in Christchurch, New Zealand, became fully operational on February 27th 1996.

This restores the emergency hyperbaric service in the South Island that previously existed from 1979 to mid 1994 but with an enhanced capability now that the Unit is in the main Base Hospital for the Region.

The Unit is staffed medically from the Department of Anaesthesia, with Dr Michael Davis as Medical Director.

Canterbury Health CHE is only contracted to provide an emergency service for the Southern Regional Health Authority, as well as the treatment of a limited number of patients with osteoradionecrosis of the mandible.

We, therefore, still have some way to go to achieve a full hyperbaric medicine service in the geographically spread region of about one million people.

Daytime non-emergency contact is achieved as follows:

Hyperbaric Medicine Unit
Christchurch Hospital
Private Bag 4710
Christchurch, New Zealand

Phone
03-364-0045 (HMU) or 03 364 0288 (Anaesthesia)

Fax
03-364-0187 (HMU) or 03 364 0289 (Anaesthesia)

Emergency calls should be directed to the Christchurch Hospital telephone office 03-364-0640 or via the Diver Emergency Service, Auckland 09-445-8454.