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

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.

REFERENCES

Conflict of interest statement
Professor Böttiger is the chair of the European Resuscitation Council and the ERC. Professor Neugebaur has received consultancy fees from NovoNordisk. The other authors declare that no conflict of interest exists.