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Victor Maccharoli / Daily News

Taking notes

Volunteer doctors start emergency care training in Iraq

By Kristina Peterson / Daily News Staff Writer

The most advanced piece of equipment Dr. Robert Norris saw on a trip to Iraqi hospitals earlier this year was an oxygen tank hooked up to an asthmatic woman.

When Norris, a former Army physician who now heads Stanford Medical Center's emergency room, and three other American doctors arrived in Iraq this February to help jump-start the local emergency care system, he carried mannequins and medical equipment aboard the Air Jordan plane that flew them to the Middle East.

Robert Norris, division chief of emergency medicine at Stanford Hospital, is one of four U.S. physicians asked to help improve the care of emergency medicine in Iraq. Norris visited Erbil, Iraq, earlier this year and is now drafting ways to improve its emergency medical system. Norris demonstrates here techniques he taught in Iraq.

Organized by the Medical Alliance for Iraq and funded by the U.S. Department of State, the group's mission is to help set up Iraq's first formal system of emergency medicine. After spending a week training local physicians in Erbil, Iraq this winter, the same group plans to return to Baghdad in December to continue its work developing the country's stunted urgent care infrastructure.

In an interview at his Stanford office this week, Norris described the current system as "pretty much nonexistent."

The country has no ambulance or 911 system, so patients receive no stabilizing treatment before they reach the hospital.

"Most patients are delivered by family members scooping them up and putting them in a cab," Norris said. When they arrive at the hospital, the sick and injured are often plunked on bare gurneys, he said. And no triage system evaluates the patients to determine who needs care first and from whom.

"It's often the wrong person seeing the patient first and the wrong person seeing the patient second," said Dr. Mike Brennan, a former Stanford graduate student and retired Army physician who founded the Medical Alliance for Iraq in 2003.

Despite the lack of pre-hospital care and slim supply of trained emergency room nurses and physicians, even an average Iraqi casualty center treats 1,000 patients per day, Norris said. In contrast, Stanford's emergency room receives between 130 and 150 patients per day.

"They are overwhelmed with patients, but they have no equipment," he said. "The patients get rolled in and then they just sit there."

When they arrived in Iraq this February, Norris and his American colleagues spent a week touring local hospitals and training their Iraqi counterparts on basic and advanced techniques, including how to open airways and scan patients for internal bleeding with portable ultrasound machines. One day the U.S. doctors demonstrated techniques on Iraqi head trauma patients rolled into the hospital moments before.

The 50 Iraqi doctors they trained in Erbil soaked up the information, Norris said.

In the group's final report on the February trip, University of California, Los Angeles medical professor Dr. Ross Donaldson said the Iraqi doctors were "perhaps the most excited students I have ever had - even thanking us afterwards for giving them a test - certainly a first for me."

When Saddam Hussein assumed power, Iraqi doctors were largely cut off from all access to international medicine, including medical literature and equipment, and are only now starting to catch up, Brennan said.

Even now, Iraqi doctors regularly face death threats, kidnappings and the specter of disappearing colleagues, Norris said. Moreover, since Iraqi patients arrive at the hospitals slower and without any medical treatment, doctors lose what American physicians refer to as "the golden hour" during which many patients can be saved, increasing the hospitals' death rate.

"That must take a toll," Norris said.

On the upcoming Baghdad trip, the American doctors hope to certify more Iraqi physicians, who hopefully in turn will train more local doctors. Already, the ministers of health from both Iraq and Kurdistan committed to help bring in equipment and build new facilities, Norris said. Funding the improvements will not be as much of a challenge as coordinating them, he said.

"In any major endeavor, the wheels turn slowly," he said, "but at least now it's on everybody's radar screen."