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ATLS Approach to Trauma Management

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In 1976, a personal tragedy was the catalyst for the development of the now legendary Advanced Trauma Life Support course (ATLS). Today, taught in over 40 countries and to more than half a million clinicians, two questions spring to mind; why has it been so successful and is it still as appropriate today as nearly 30 years ago ?

The first is easily answered. At its inception, the educational principles were new and exciting and ATLS taught everyone "one safe system of trauma care" using a number of clear, simple principles :

- Treat the greatest threat to life first.
- The lack of a comprehensive history should not stop assessment starting.
- The lack of a precise diagnosis should not stop treatment from starting.

This approach was a major departure from the traditional medical dogma of history, examination, investigations, differential diagnosis and treatment. The success of this novel approach of dealing with the critically ill can be gauged by the fact that it has been copied in many areas of undergraduate and postgraduate education and it inspired many similar courses. The final element contributing to success was the quality control ; maintained by the ACS using strict copyright, with regular review and updating of the manual and course every 4 years. Today after 26 years, 6 editions and translation into numerous languages, ATLS remains the only internationally recognised standard of trauma care.

The second question of whether the "system" is still appropriate is more difficult. Looking critically we find :

1. The ACS insistence on total surgical control. In reality, only 2/3 of trauma patients need surgery, only 1/4 within 24 hours - and most of these are orthopaedic procedures.
2. The continued concept of a single physician, usually a surgeon, managing the patient, rather than a team approach.
3. A lack of input from specialties other than surgery. This is especially surprising when one considers that an anaesthetist did not write the chapter on airway management!
4. A continuing failure to reflect developing practice ; eg small volume resuscitation, airway management.
5. Failure to keep up with developments in educational methodology and audiovisual technology.
6. Cost, both in terms of initial set-up and to individual candidates. In the UK the latest edition of the ATLS manual alone is £ 80 (€120).

Not surprisingly, particularly within Europe, change is in the air. As Driscoll and Wardrope point out, while some argue that there is no need to change "the winning formula," a growing number of people do not think, "the formula is winning" (1). What therefore, are the future options ? Firstly, do nothing, accept ATLS for what it is and has achieved. Secondly, lobby the ACS over the planning of future developments. The final option, the most dramatic, is to break away and develop a course that reflects European practice. The first option is the easiest but we risk failing our patients and trainees, while the second has already failed, despite courageous attempts. That leaves the third option. Whilst not doubting peoples' current enthusiasm, what will happen when they are asked to commit to deadlines for a manual, a course program and running courses ... and not just a one-off ! Are today's enthusiasts motivated and dedicated enough to be there 26 years and 6 editions from now ? Only time will tell.

Reference

1. Driscoll P., Wardrope J. *ATLS : past, present and future*. Emergency Medicine Journal, **22**, 2-3, 2005.