

Saving lives

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Just a few days back everyone was shocked to witness a video on social media about a teacher. He had a sudden cardiac arrest while delivering a lecture in class and soon passed away. What was more alarming was that no one provided any resuscitation, first aid or CPR. Only after a long delay, when the support providers reached the incident, the teacher was no more. None of the students, or other in dwellers could do CPR (cardiopulmonary Resuscitation). He had no chance of survival.

Cardio-pulmonary resuscitation (CPR) is part of Basic Life Support (BLS) and is a fundamental form of emergency medical care administered to individuals experiencing life-threatening conditions such as cardiac arrest. It is provided to sustain vital functions until advanced life support becomes available, thereby enhancing the patient's chances of survival.

The incident exposes us about the state of affairs regarding BLS in our country. There is lack BLS training among the general public and even many healthcare professionals, outside tertiary care hospitals in the country. In developed nations, BLS training is a routine part of school curriculums, workplace safety programs and community health initiatives.

Such limited training of general public ignores the reality that most emergencies do not occur in hospital settings. These emergencies can occur any time anywhere like earthquakes, blast injuries, falling buildings, drowning, car accidents, firearm incidents, pesticide spray inhalation etc. etc. we need to

understand that the minutes delay between an incident and the arrival of professional help, can mean the difference between life and death. Training the general public at workplaces, educating the students at schools, colleges etc. on BLS, can drastically improve survival rates.

This issue is not limited to general public. Also many healthcare workers in secondary or primary setups are also unfamiliar with current BLS guidelines, hence ill-equipped to handle emergencies effectively. This shortcoming reflects not only individual professional gaps in education and training but also broader systemic deficiencies in preparedness.

We need to sensitize our health authorities, educational institutions and Non-Governmental Organizations (NGOs) to prioritize BLS training program across all levels of society. Introducing mandatory BLS certification for house officers, paramedics and other ranks of healthcare workers. Also embedding BLS in educational curriculums and organizing public training campaigns at basic health units and rural health services can make a tangible difference. Even the organizations such as Pakistan Medical Associations (PMA) can play their role at district levels.

In short, saving lives should not be regarded as a responsibility confined to hospitals or healthcare professionals alone; it is a collective moral obligation that unites all members of society in the shared duty to act with empathy and courage when faced with emergencies.

I hope next time if such an incident happens, someone should be there to provide CPR.

Regards

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