7th International Spark of life Conference, Hobart TAS, 30 April – 2 May 2009

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Reports submitted by RAMUS scholars and Alumni who attended this conference with support from the RAMUS Conference Placement Program
The Spark of Life Conference in Hobart run by the Australian Resuscitation Council from 30\textsuperscript{th} April to 2\textsuperscript{nd} May. The conference had the theme “Any attempt at resuscitation is better than none”. It featured several international Keynote Speakers, together with prominent Australian Doctors and other health professionals. It was held at the Grand Chancellor hotel – this hotel on the waterfront certainly lived up to the “Grand” part of it’s name – the main auditorium was spectacular, as was the view over the harbour from the top floors.

How did attendance at this conference support your choice of a rural career?
I attended this conference with several friends from I had made in medical school in Brisbane (UQ). Being holders of Bonded Rural Scholarships, they are working rurally at present in Lismore. Having also recently bought a farm and working part time, they are extremely enthusiastic about the benefits of rural life.

I had a weeks leave prior to attending the conference, during which time I travelled around the East Coast of Tasmania. I started at Freycinet National Park and Wineglass Bay with my wife Claire, where we spent several days near the seaside in a cosy cottage, complete with wood fireplace and spa. Wineglass Bay is as beautiful as the postcards make it look – we were treated to dolphins surfing the waves. I then went sight-seeing and bushwalking around the Tasman Peninsula, including the historic Port Arthur.

After the conference my rural friends and I walked the Overland Track from Lake St Claire to Cradle Mountain. This was a great way to enjoy the Australian Wilderness and reinforce the benefits of living away from “The Big Smoke”.

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I also met several other Doctors who live rurally at the conference. Strengthening relationships with other rural practitioners is useful in learning how others cope with the unique challenges that rural practise poses. In the eventuality that I end up working with the rural people I met at the conference it is also easier to work in a cooperative fashion having met socially.

*How would attendance at this conference be relevant to your current stage of professional development?*

There were health professionals from a range of backgrounds and levels of expertise at the conference. Students, Nurses, Doctors and 1st Aid Instructors were well represented, as were Ambulance Officers – I sat next to a Paramedic of 30yrs standing at the Conference Dinner. With different talks catering to different interests going simultaneously for several sessions, I was able to choose those most relevant to my current stage of professional development. These included talks on continuous insufflation of oxygen as an alternative means of ventilation during cardiac arrest, Resuscitation during mass disasters and experiences from Armed Forces Medics in Afghanistan. This last talk had some very valuable parallels to remote Australian hospitals, such as the potential to freeze blood products, enabling a much larger supply to be kept for up to 6 months and then quickly produced.

*How would attendance at this conference provide practical information about living and working in rural communities?*

The theme of the conference “Any attempt at resuscitation is better than none” is easily applicable to working rurally, where people often require resuscitation a long way from hospital. One presentation by Keynote Speaker Prof Laurie Morrison dealt with “Decision Rules for PreHospital Termination of Resuscitation”. The 3 rules were:

1. Event not witnessed by emergency medical services personnel
2. No automated external defibrillator used or manual shock applied in out-of-hospital setting

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3. No return of spontaneous circulation in out-of-hospital setting

If a patient meets all three rules, resuscitation could be terminated. Her research in Canada suggested these were a highly reliable framework, and could improve utilization scant health resources, safety from reducing speeding ambulances and family satisfaction. For such a system to work, staff such as myself in the ED must be aware of and understand these rules.

Amongst the other presentations was one by Prof Pearn entitled “Flinging the Squailer”, which related to throwing a lifeline to a drowning person. Apparently there are national championships in this activity, it can be easily taught and would be a useful addition to first aid courses. This is particularly true in those rural areas where people have ready access to large bodies of water.

How would attendance at this conference enable you to establish contacts for future rural employment or postgraduate training placements?

This conference was not specifically aimed at a rural audience. However, the concepts being discussed were universal in nature. I attended this conference during a rotation at the Tamworth Base Hospital Emergency Department. The conference was directly relevant to this rotation, and interesting to the other staff at the ED. Having attended such a conference is advantageous when applying for a training placement in ED, Medicine or Anaesthetics. It is potentially useful however in any area of medicine.

Finally, it is worth repeating the theme of the conference, that Any attempt at Resuscitation is better than none. If someone is uncomfortable giving mouth to mouth, it is fine to just give Cardiac Compressions. If unsure of exactly what should be done, any attempt increases the person’s chances of survival.