

Medical evacuation from Sark – my response

Dr Peter Counsell

It has been accepted since the early 19th century that the employment of a doctor on this island is a good and necessary thing – the alternatives being the periodic visits of a doctor from a neighbouring island or the care of alternative practitioners without training in conventional medicine. It has also been accepted that Sark residents and visitors sometimes become so unwell, or suffer injuries that necessitate their admission to hospital. Decisions about that have for long been left to the clinical discretion of the island doctor.

It has also long been accepted that certain important decisions, relating to the care of someone who suddenly becomes ill, should be taken by a trained professional in order that an objective, independent decision is reached in the best interests of the patient and their family. It is recognised that the most important decisions should be taken by those who are most qualified to take them, with the consequence that they bear the responsibility for the actions they take.

As you would expect, I take this responsibility extremely seriously. I can assure you that my decisions are not improperly influenced by either Sark's government or any other person. I always put the patient first.

The method of evacuation chosen at the time of a casualty's acute illness depends on the doctor's judgement of many variables. These include but are not limited to the following:

- the history of the casualty's illness and the findings of the doctor's physical examination
- the results of any tests that the doctor performs at the scene e.g. heart tracing, blood oxygen measurement, blood sugar measurement
- the response of the casualty to the initial treatment – many acute illnesses respond rapidly to the treatments that the doctor can deliver at the scene. Evacuation may still be necessary but not time-critical.
- the location of the casualty.
- environmental variables including the sea condition, wind and visibility.
- the doctor's previous knowledge of the patient, their known medical problems and past medical history including associated psychological and social factors.
- the risks and benefits of each transport option to each individual

patient

- the availability of different modes of transport and the impact on other service users caused by their use
- the risk of accident or injury to the personnel involved with each mode of transport.

Regarding the helicopter provided by the owners of Brecqhou, having used it myself, I understand the following:

- it is made available free of charge from its owners for medical evacuation in the Bailiwick
- it is piloted by two experienced pilots
- night landings are possible but only by landing on a temporary or permanent helipad
- it can provide quick patient transfer – important for casualties where speed is the most important factor
- it has the same visibility limitations as other commercial aircraft
- it is frequently but not continuously available – it cannot replace the Marine Ambulance service
- it is designed to function as a luxurious but small passenger helicopter, not a medical evacuation helicopter
- it is not crewed by paramedics or any other medical staff
- it carries no emergency medical equipment such as oxygen, defibrillator or other resuscitation equipment.
- there is very limited room which, in the case of a casualty on a stretcher (which is the most likely scenario), restricts us to two medical personnel plus our own equipment travelling with the casualty – usually the doctor and a member of the Sark Ambulance Service. This leaves little or no room for family members to accompany the casualty which is particularly important where sick children are concerned.
- the working area inside the aircraft is small with limited headroom and width, making intensive treatment of the casualty difficult, especially in the event of a sudden deterioration in a casualty's clinical condition which, again, is not uncommon.
- it has no winch capability. For example we could have and would have used a helicopter with winch capability to evacuate a casualty from Derrible Bay recently, had the nature of the casualty's injuries and the sea conditions been different. Fortunately, treatment at the scene was sufficient to stabilise the casualty and sea evacuation was successful.

Regarding the Marine Ambulance and the Lifeboat:

- it or its equivalent is available 24 hours a day, 365 days a year
- it is purpose built, fast and fully equipped to handle multiple casualties if needed
- parents, family or friends of the casualty can travel with the casualty to hospital
- it is designed with enough room to allow a casualty to receive advanced life support and other pre-hospital life-saving treatments as needed
- it is crewed by experienced emergency medical technicians and paramedics in addition to an expert pilot and engineer
- it is our tried and tested number one emergency evacuation option
- it also provides medical evacuation cover for Brecqhou and is used for Brecqhou's residents when the helicopter is not present.

For the last three and a half years when sea evacuation has been chosen it has not been necessary for me to leave Sark to accompany the patient. I have handed over the care of the casualty to the paramedics at the Sark harbour then returned to my duties on the island.

The Guernsey airport is not open 24 hours a day and has to be reopened at night in the event of Emergency Medical Evacuation by helicopter, which takes time. The availability of paramedics to meet the helicopter at the airport depends upon chance factors of other emergencies in Guernsey.

Depending on the nature of the casualty's illness and the availability of this cover, it may be necessary for me to travel with the casualty from the airport to the hospital rather than return to Sark immediately, which also takes time.

If I called the helicopter for medical evacuation of a casualty and travelled with the patient to Guernsey, Sark would be left without medical cover. With this in mind, arrangements have been made with the Guernsey Ambulance and Rescue Service that paramedic cover will be sent to Sark on the Marine Ambulance whenever the helicopter is called.

In view of the difficulties in ensuring continued medical cover and the problems that could arise in timing as well as other possible problems with helicopter evacuation identified after the last helicopter evacuation, Brecqhou was invited by the Emergency Services Committee on Sark to a meeting to discuss these concerns in August 2011. The purpose of the invitation was to seek to improve on procedures and ensure that the best service could be provided for patients if helicopter evacuation was required and also to ensure that cover for Sark residents could continue to be provided. Unfortunately Brecqhou declined to attend such a meeting, stating they would not wish to alter the procedures now in place.

The Emergency Services Committee continued to work to address communication and other issues that we had identified and formulated the Sark Helicopter Medical Evacuation Procedure (appendix 1).

I believe that if Brecqhou had co-operated with the local services by allowing paramedics to be trained on the helicopter, picked up from Guernsey and flown to Sark, in most cases there would have been no need for the doctor to leave the island. There would be no need for the Marine Ambulance or lifeboat to be deployed every time the helicopter is called and no need for a paramedic to be stationed on Sark waiting for the helicopter to return. It would have been a far better use of resources and would have been in the patients' best interests. Sadly they did not decide to do this.

Despite this unwillingness on the part of Brecqhou, I discussed with Captain Harrisson some of the other difficulties we had both identified and as a result he kindly sent over to Sark a custom made stretcher for use in the helicopter and a vacuum mattress for use with it. They are both stored in readiness for use at the Sark Ambulance Station. Captain Harrisson and I have cooperated in a positive and purposive way to ensure that any emergency patient should be as well treated as possible if the decision is taken to evacuate them by helicopter.

All this does, I hope, show that I have throughout had a positive and open mind about the use of the helicopter and have been fully involved in discussions about how it could safely be used. I have continued to hope that the present restrictions imposed by Brecqhou on local paramedic training could be resolved peacefully.

When should the helicopter be called?

Research shows that helicopter medical evacuation can and does save lives, particularly in cases of major trauma occurring most often in road traffic accidents. In the UK, helicopters are usually used only for serious illness, or major trauma after accidents or where accessibility rules out or severely limits other means of transport.

My approach to my work on Sark is to carry out the assessments that I have detailed above and then try to balance the varying factors to the best of my skill and ability. In addition to the factors I have set out there are the wishes of the patient and patient's family as to the method of evacuation which are factors which I should properly and do fully consider. The more serious and unstable the casualty's condition, the greater weight must be given to the

need for speed. For example, the patient with traumatic injury and internal bleeding must be transferred as quickly as possible as emergency surgery may save the patient's life. By contrast, someone who has breathing difficulties or other problems which are serious but not immediately life threatening can be often be treated on Sark before transfer by sea to Guernsey. I believe that, for the vast majority of these cases, the ongoing care and treatment that the casualty receives from the paramedics on the Marine Ambulance in combination with the other benefits of this mode of transport are more important in ensuring a successful outcome for the casualty than the small time-saving on the overall evacuation time that a helicopter may offer.

In the case that has given rise to this present controversy, I followed precisely the same procedures that I follow in every case and was able to talk through the plan with the patient and her husband. My clinical judgement was that transfer by sea was appropriate and would not, as a result of the findings I made, cause harm to my patient. I would not have made such a decision if I had thought there was a risk of that.

If, hearing present criticism and carefully thinking about it I would in retrospect conclude that I had made the wrong decision, I would have apologised to the patient and her family and accepted whatever consequences followed. I do not, however, believe I made the wrong decision and neither does the patient or her family. A letter from the patient's son who is a Hospital Consultant of 30 years experience records the family's views. I have their permission to attach this letter (appendix 2).

In bad weather there are risks in evacuation either by air or by sea. In foggy conditions frequently found on Sark, helicopters cannot land and the sea route must be used. These hazards are features of life on our island and I believe are generally accepted as risks that come with living in this lovely place.

What about the regulation of health professionals legislation and the “monopoly” it supposedly protects?

As a doctor I am accountable to you all for the standard of care I provide. The Oath I took when I became a doctor commits me to provide that care for everyone in accordance with high standards of professional competence. I have always striven to do this, recognising that the patient's needs and interests are paramount.

I have always worked with the knowledge that if I am shown to have fallen short of the standard required I shall be called to account. If it is proved that I have failed to provide proper care, I can be disciplined by the General Medical Council which licenses me to practise. I am also liable to be sued for negligence in errors made which caused injury and loss. I fully accept that both of these processes are right, and provide proper protection for my patients.

For these reasons I also believe that the Sark Medical Committee's efforts to introduce legislation to protect Sark's population against untrained, unregistered, unlicensed and uninsured doctors is correct and worthwhile.

In recent years there has not been enough work for two doctors but more than enough for one. The new legislation does allow for more doctors to be employed but only under the umbrella of the Medical Committee. This is to protect the public and Sark's Health Service which includes the Professor Saint Trust and its assets.

If another doctor were to set up a business on Sark without needing to answer to the Medical Committee or the Trustees of the Professor Saint Trust, how could patients be sure that the doctor was properly qualified, indemnified and licensed? What would happen to the Professor Saint Trust, which we know is already under pressure, if this doctor did not make efforts to keep the drug budget down, instead prescribing high cost treatments without constraint? What would happen to the patients looked after by such a doctor if they decided to go on holiday or took a night off call without providing cover? What would happen if such a doctor started treating patients with unproven, fringe techniques and unlicensed medications? Who would end up picking up the pieces?

With no regulation in place it is the residents of Sark who could suffer as a result of these activities.

As for my financial gain, no doctor in their right mind would do this job - being on call singlehandedly for 10 and a half months a year – with financial gain as their main priority. I want to earn a decent living by doing my job as well as I can to support myself and my family with the satisfaction that helping others in this small community does bring, no more and no less than that.

My resignation

As you know I have tendered my resignation from my post here on Sark. It is a decision I have taken with a heavy heart, and which has caused my wife

and me much anguish. We had happily settled here with our young family and believed there are few such special places in the world in which to bring up a family. I had been enjoying my work as your doctor, in a very privileged position.

However, over the last year I have been subjected to what I can only describe as Trial by the Press, in the form of the Sark Newsletter. The Australians have a word to describe it. It appointed itself as the Judge, and appeared to me to have decided my guilt from the outset. It used cases which were private matters, without the permission of the families concerned, causing distress and anger to family members. It proceeded without any knowledge of the clinical details governing the decisions I made. It made criticisms about my professional competence and decisions, which could only properly and fairly be made after full consideration of all the evidence in a hearing before a court or competent tribunal.

In the most recent case I have been subjected to a number of attacks upon my professional reputation and competence of the most defamatory kind. It has been alleged that I “condemned” Mrs Beaumont to a horrendous journey on the Lifeboat, implying that it may well have caused damage to her, because I had made a deal with two members of Sark’s Government for my “own financial gain.” It was described as an act of “wilful neglect”, and “amounted to wilful negligence” according to the Newsletter. It was said that as a result of a political deal I would deny proper care to Sark residents who needed emergency treatment and evacuation.

It has been alleged that I ignored standard medical practice. It is alleged that I have engaged in defamatory and unethical behaviour. It is said that I put political considerations before the welfare of my patient.

All of these allegations strike at the core of my professional duties. It has been impossible for me to deal with these allegations by explaining in detail what my clinical findings were and the detailed reasoning based upon those findings as I am bound by medical confidentiality.

All I can do is to say as forcefully as I can that these allegations are without foundation and untrue. I am not aware of or involved in political deals whose purpose is to limit emergency helicopter usage. I have not had pressure put upon me by anyone on Sark to avoid the use of a helicopter for medical emergency evacuation. The Medical and Emergency Services Committees have always fully supported my clinical independence. They have never tried to interfere with this or to dictate decisions to me. I am aware of strong feelings regarding helicopter usage on Sark held by many members of the community but I have not allowed these to influence my decision making

process.

I believe that the Sark Newsletter has exaggerated the importance of the Brecqhou helicopter providing part-time emergency evacuation cover. The helicopter is a useful tool to be considered as a means of evacuation but it is not more important than any of the other components of the emergency response which include the neighbour who comes to the aid of a casualty and the Sark Ambulance volunteer who gets up in the middle of the night to help. Helicopters may be expensive and impressive but they do not save lives on their own.

I have found the process of trial by newspaper to be extremely unpleasant and very difficult to bear. I am in no position to reply to it. It has caused me immense stress to have to try to withstand the barrage of uninformed criticism which has poured out. The political agenda of the Newsletter and its relentless pursuit of it by whatever means it chooses has led me to conclude that I have no option but to try to protect my family by moving away from Sark. I wanted to get on with my job, which I do enjoy, of providing a service for Sark's residents and visitors in a civilised atmosphere where people have treated others with courtesy and kindness. Sadly it seems the Newsletter's agenda endangers that.

I have been overwhelmed by the support that many people have shown me in the last few days and weeks. I continue to believe that this is a wonderful island and that the job of being the Sark Doctor is a very special and privileged one. I sincerely hope that the doctor who takes over this job will also feel encouraged by the support you have shown me. Meanwhile I shall continue my work to the best of my ability until my replacement takes over.

I leave it to all who have taken the trouble to read this necessarily lengthy statement, to decide whether I have been treated by the Sark Newsletter fairly and with the courtesy and kindness which I believe are long established Channel Island ways even when criticism is necessary.

Peter Counsell
Sark Doctor

10/2/12