

Education of the Public on Cardio-Pulmonary Resuscitation: Issues and Challenges

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As we approach the new millennium there is a need to refocus and reorganise our thinking on the education of the public on cardio-pulmonary resuscitation (CPR). We may need to conceptualise the teaching of CPR to the public as selling a product to the consumer, namely the public.

Is there a need for the public to learn CPR? The answer is definitely "Yes". There are various reasons for this. Cardiac Vascular Diseases (CVD) was the principal cause of morbidity and mortality in Malaysia in 1995. Of the 40% of the total medically certifiable deaths in Malaysia in 1994, 36.7% are due to CVD and ischaemic heart disease (IHD)¹. Life style changes due to higher purchasing power lead to increases in intake of fat, cholesterol and sugar. These dietary changes along with increasing stress at work contribute to increasing CVD and IHD. There is a scarcity of ambulance services to respond to heart cases and the traffic congestion especially in the Klang Valley often delays the arrival of heart cases at the hospitals. There are an increasing number of cases requiring CPR. A total of 21 out of 590 emergency cases handled by the St John Ambulance Malaysia, Emergency Ambulance Service in Wilayah Persekutuan from October 1998 to April 1999 needed CPR².

There is therefore a need for a well-organised media publicity campaign to create interest and to motivate as many segments of our community on the importance of learning CPR. We also need to make the public understand that the various modifiable risk factors such as diabetes, hypertension, hypercholesterolaemia smoking, stress, and lack of exercise must be controlled so as to reduce the incidence of coronary artery disease (CAD). We must also emphasise to the public that CPR,

being a hands-on technique requires regular practices and regular reassessment to maintain efficiency.

At present in Malaysia, the teaching of CPR the public is undertaken by various organisations such as the St John Ambulance Malaysia, Red Crescent Society, University Hospital, Hospital University Kebangsaan, Hospital Kuala Lumpur (MASTEM) and some private organisations. There is therefore, great variation in the syllabus, teaching methodology, standards of the trainers, and assessment and reassessment methods. Many organisations use the CPR techniques of the American Heart Association (AHA) but there are variations of the CPR methods as practised by the European Resuscitation Council and the Australian Resuscitation Council. For the CPR to be effective in the community - a large number of the public has to be trained to be efficient in CPR so that there will be a big pool of trained personnel to respond to the needs of resuscitation of the many cases of sudden cardiac arrest. Many organisation which conduct training of CPR for the public do not implement regular retraining and reassessments. Without them the technique of CPR will be quickly forgotten. The frequency of retraining should also be considered. Should retraining be every six months as advocated by AHA or should it be at yearly interval?

There is a very urgent need to have a central body to look into the various issues mentioned above and to work on standardisation, for the various organisations which teach CPR to the public. We propose that MMA play a greater role in organising an effective Malaysian Resuscitation Council (MRC) which can help define and clarify all the above issues besides being a regulatory body. There should be greater coordination among the

EDITORIAL

various universities and organisations to produce more highly-trained and experienced trainers to teach CPR to the public for the program to be really effective. The MRC can also help to stimulate research on the various aspects of CPR in Malaysia.

The MMA through the MRC can initiate dialogues with the Ministry of Health and the Government on the issue of allowing suitably trained public the use of oxygen

equipment, and semi-automatic defibrillator (AED). The MRC can help to clarify the controversies surrounding the thumping of the heart in cases of witnessed cardiac arrest in the absence of a AED³. Finally we can also use the advancement of IT to promote distance learning through interactive CD-ROM together with a practical session for the teaching of CPR to the public.

References

1. Ministry of Health, Government of Malaysia, 1995 Report.
2. Saint John Ambulance Malaysia, Wilayah Persekutuan. Emergency Ambulance Services Report, Sept. 1998 to Apr. 1999.
3. Jacobson. Emergency CPR. *Journal of Emergency Medicine* Aug. 1998; pp 115.