'Setting New Standards for Acute Care' The Society for Acute Medicine International Conference, 1–2 October 2007

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The Scottish Exhibition and Conference Centre provided the venue for the first truly International meeting of the Society for Acute Medicine in early October. Almost 600 delegates were treated to some unseasonal Glasgow sunshine and traditional Scottish hospitality, as they enjoyed the varied programme put together by Mike Jones, Derek Bell and Liz Myers. The long distance that the Society has travelled in the past 7 years to reach this size was emphasised repeatedly over the two days; in his inaugural address to the society as incoming President, Dr Rhid Dowdle told us that SAM is now playing in a much bigger league than ever before, but cautioned that the speciality still has a way to go to reach the 'top division'. Some of the highlights of the meeting are summarised below, but for those delegates who did not make it to the event most of the presentations are now available on the SAM website (www.acutemedicine.org.uk)

The calibre of the faculty of speakers was clear from the outset. Dr Victor Tapson, professor of medicine at Duke University Medical Centre, North Carolina, opened proceedings with a clear summary of the current management of pulmonary embolism. Delegates were reminded of the severity of this common condition as well as the treatment options for submassive PE. The limited evidence base for thrombolysis was highlighted, with haemodynamic compromise remaining the only clear indication; Dr Tapson suggested that persistent hypoxia, evidence of right ventricular strain and elevation of troponin or brain natiuretic peptide all predict worse outcome and might influence some clinicians to consider thrombolysis. Such decisions frequently need to be made on an individual basis, and weighed up against the approximately 3% incidence of spontaneous intracranial haemorrhage associated with thrombolysis. His concluding message reminded us of the importance of prophylaxis in relation to this eminently preventable condition. Waiting for the onset of pulmonary embolism was likened to parking an ambulance at the bottom of a cliff: by the time the incident has happened it may be too late!

Following on the international flavour, Ken Hilman, pioneer of the 'Medical Emergency Team' in New South Wales, Australia, discussed the development of Early Warning systems designed to prevent cardiopulmonary arrest. Cardiopulmonary arrest should be considered a failure of such systems, and 'cardiac arrest teams' should be replaced by teams of trained individuals who are skilled in the recognition and treatment of patients whose condition is deteriorating.

Politics played a prominent role in this meeting. Nigel Edwards, Director of policy for the NHS Confederation and Carol Haraden from the Institute for Healthcare Improvement in Boston discussed the impact of the Quality Agenda on both sides of the Atlantic. With perfect timing, the SAM Banner on the podium slipped to a jaunty angle when Nigel Edwards questioned whether Government's healthcare reforms would result in improved patient outcomes; when the possible impact of more 'Matrons' was questioned the logo finally fell to the stage, resulting in ripples of applause from the auditorium. Perhaps the Almighty is as sceptical as those working at the front line regarding the impact of such initiatives.

No acute medicine conference in Glasgow would be complete without a discussion of the world-famous scoring system. Those delegates who had recovered in time from the social events of Monday night were treated to a fascinating insight into the development of the score by Professor Sir Graham Teasdale. In the President's invited lecture, Professor Teasdale described how his seminal paper, published in the Lancet in 1974, saw the adoption of the 'GCS' across the world. It remains the most widely used scoring system for coma, with more than 400 citations in the worldwide literature every year.

For me, the highlight of the clinical sessions on day two was a graphically illustrated discussion of the management of Toxic Epidermal Necrolysis by Dr Anna de Sica Chapman, from Queen Elizabeth Hospital in London. One of the few true dermatological emergencies, the serious implications of this condition were described, with a mortality approaching 100% for untreated cases, falling to 40-70% if treated. Combinations of immunoglobulins, cycosporin and G-CSF appeared

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to be the most effective treatments, with anti-epileptic drugs and sulpha-drugs being the commonest precipitants. With a yearly incidence of 2-6 cases per million population, clinicians working in acute medicine need to be vigilant to ensure early identification and specialist treatment.

The meeting ended with an on-stage question and answer session, chaired by Independent journalist Penny Smith. The panel comprised the Presidents of all three Royal Colleges of Physicians, as well as patient representative Olivia Giles whose battle with meningococcal septicaemia resulted in partial amputation of both upper and lower limbs. Nursing insight was provided by Nicki McNaney, currently head of improvement programmes at the Scottish Executive. The controversies surrounding the delivery of acute care were made clear from the outset, when former NHS manager Andy Black challenged the need for Accident and Emergency departments in the NHS of the future. This view was vigorously rebutted, both from the floor and by Mike Jones who emphasised the need for co-operation and collaboration between 'front door' specialities. The responses from the auditorium made it clear that most delegates favoured the collaborative approach. We undoubtedly have to develop systems which avoid duplication and enable delivery of acutely unwell patients to the appropriate speciality as rapidly as possible; Acute and Emergency medicine have developed a symbiotic relationship in recent years which should be allowed to flourish. Mike Jones emphasised that the development of Acute Care Common Stem training would not have been possible without continued dialogue.

Finally congratulations to Nicola Trepte, Paul Aylin, Mike Webberley and Hayley Bonner, who were the winners of the prizes in the poster competiton. Their abstracts are featured in the following pages. The fact that more than 70 posters were featured at this meeting is a clear indication of the hard work, research and audit which is ongoing in acute medical units across the country. We hope that a number of these will be featured as publications in future editions of the journal.

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