

Accidents waiting to happen

Carnage on our roads is an all too common sight. Shima Gyoh appeals for a structured life-saving response



We have long dangerous roads winding hundreds of kilometres in expansive and lonely jungles, with occasional villages hugging them every few kilometres. There are thousands of road traffic accidents on these roads every year. Some of the victims die instantly, some after minutes or hours while others lie seriously wounded, crying for help. Many die needlessly because of the lack of first aid and rescue services.

Despite the increasing ownership of cordless telephone sets and the fact that GSM signals now cover most of our rural areas, there is no organisation you can call for emergency assistance in case of accidents. In Nigeria, the occasional police squad patrols the roads but their mission is crime prevention or intervention. If the Nigerian Road Safety Corps are trained for rescue, they do not patrol the roads for that purpose. Getting surviving casualties to hospital, and their management once they get there both pose big problems.

Road accident casualties depend entirely on the goodwill of passersby. These 'good Samaritans' attend the victims as best they can and flag down other vehicles to remove the casualties to the nearest hospital, which may be a long way away. Such 'good Samaritans' face enormous problems. Apart from being diverted from the day's journey and business, they may get bogged down for hours by the assistance they are giving to people they don't know.

African governments are being urged by their big financiers in developed countries to withdraw 'subsidies' from social services and all health institutions are under pressure to generate funds for their survival. Thus hospitals often demand that money be deposited before they accept casualties. If the money is not forthcoming, the hospital may refuse attending the victim, and the 'good Samaritan' is obliged to cough up the cash or abandon the patient. It goes hard for the badly injured poor who often get abandoned in the premises of government hospitals.

Where the patient is accepted, the police may want the 'good Samaritan' to come to their station to give a statement, and there would start another string of troubles that may stretch to weeks and months. It is also considered dangerous to stop to help the victim of hit-and-run accident, for a mob crowding on the scene might think you hit their relative, and they might beat

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you to coma or death and burn your vehicle. All these problems cause many a driver to play deaf, dumb, and blind when they come across an accident. There would be less danger if the help came from uniformed crews of identifiable rescue ambulances.

The patient does not fare any better. Some of them might bleed to death before anyone comes, and even after, since there are no trained equipped rescue teams. Inexpert handling of casualties at the site of accident often worsens matters, for example, converting undischarged relatively simple fractures to displaced ones, resulting in serious complications, like paralysis when the spine is involved, or propping up in the sitting position people in shock who should be in the head-down position.

It is my belief that well-trained ambulance crews patrolling our roads in well-equipped ambulances is a necessary part of modern road transport systems, especially in countries such as Nigeria that have abandoned the best and most efficient mass transport – the railways. Most African governments would see this as an expensive luxury they cannot afford, only because they have no statistics of the wastage of precious, young human lives badly needed for rapid national development. It is indeed intimidating if one calculates the cost of covering the entire national road network right from the beginning. But, as they say, Rome was not built in a day.

In each of our countries, it is easy to identify a busy main road connecting two highly populated cities, and to start there. Two or three hospitals in towns along the road would be well-equipped and designated trauma centres, with well-trained doctors and ancillary staff efficient in the management of casualties. The ambulances and the trauma centres would be in constant telecommunication contact, which would be easy in our GSM era. The trauma centres, offering secondary healthcare services would know to which tertiary institution to send the most serious cases, but they would have the facilities and skills that would make such transfer safe.

The country would gain experience from providing services on one road. Challenges would be identified and appropriate remedies applied. This service would be extended to more roads as the finances permitted. But who would pay for it? African governments should start. The initial scale suggested is small enough for any government to afford, and if it is done properly, popular demand to extend it would become irresistible. It might just encourage private, public-spirited individuals to establish it in their constituencies.