A Man Dies Twice

It is said,

A man dies twice

When he stops breathing

And when he is forgotten. (Sam Burnside 2018)

This month we remember the 100th Anniversary of the end of the First World War. David Lloyd George described the war as one of the cruellest and most terrible wars to scourge mankind, a war with more than 41 million military and civilian casualties, ranking it as one of the deadliest conflicts in human history.

Yet, for all its destructive power, the war has brought significant advances in how we care for those with physical or mental trauma and in how we organise our health services.

For centuries, men and women have provided medical and nursing support to those engaged in or caught up in conflict. The Greeks and Romans had medical corps within their armies, and during the Crusades, armies had established military medical and nursing services (McEwen 2014). Nurses sailed with the Spanish Armada and we are all aware of the contribution of Florence Nightingale in the Crimea. Through her efforts, the medical care for servicemen became a matter of national concern. This led to health care provision becoming a matter of public policy which prompted the military into giving it more attention (Harrison 2008).

In the First World War, officers were made responsible for the health of their soldiers, and this was the first major conflict in which deaths from disease was lower than deaths from battle injuries. It was also realised that there was no point in having a network of hospitals or skilled doctors and nurses if they could not be accessed by casualties. Too many of the wounded bled to death or died of shock and it was decided that surgeons and hospitals would have to get closer to the front line (Mayhew 2013). The military realised that good planning was vital, and frontline care and stabilisation with rapid evacuation to secondary and tertiary care were initiated.

A century on, we continue to build on these foundations with advances in our ability to deliver trauma care to those injured on the battle field through the use of Medical Emergency Response Teams (MERT) flying in and out even while under attack. This has led to good control of haemorrhage, with rapid fluid replacement and stabilisation of blood pressure and evacuation to Field Hospitals, located strategically close to the area of military operation. The timely development of body armour and combat clothing linked to our better understanding of the method of injury and the planning of combat operations in line with the availability and readiness of the medical response has ensured that casualty rates are kept to a minimum.

In the Defence Services as in civilian life, we have to face the reality that conflict remains a current and present threat, whether from the lone terrorist or from nation states. In recent times, the front line has become the concert hall or the local market. The need for the timely interchange and sharing of ideas and skills across the military/civilian interface has never been greater or more relevant.

No competing interests declared

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