

## LETTER-TO-EDITOR

# Trauma and Emergencies in Ecuador: History, Realities, and Perspectives

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## INTRODUCTION

Dr Salamea et al described the progression of trauma care in the Southeastern region of Ecuador (Ref. Juan C Salamea, Hernan Sacoto, Edgar B Rodas: Trauma Y Emergencias En El Sur Del Ecuador; Historia, Realidad Y Perspectivas. *PAJTCCES* 3: 70-73, 2014).

Significant efforts by various groups at various stages were noted. Throughout the process, a few important aspects were delineated; notably, the need for public and political support for the development of a regionalized trauma care system. This is true anywhere irrespective of the economic status.<sup>1</sup> In Southeast Ecuador, none of the early efforts in the development of a region-wide educational initiative, basic trauma care training, and, most significantly, a regionalized trauma registry could have been possible without the support of the provincial Ministry of Health. To gain such support, a site assessment was necessary. In Ecuador, this initially occurred informally via collaboration between the Virginia Commonwealth University and the Ministry of Health, and subsequently through a formal site survey using the world health organization (WHO) essential trauma care guidelines, as collaborative efforts that included the Ecuadorian Trauma Society and the Panamerican Trauma Society (PTS). The use of the public health model for

trauma system development can be equally useful in high as well as low- and middle-income countries.<sup>2</sup>

Key to the early development of trauma care in the region is the early involvement of local physician leaders, community activists, resourceful administrators and patients throughout the process, especially in demonstrating the need for change in trauma care delivery. The long-term collaboration between the provincial Ministry of Health of Morona Santiago, the local universities of Cuenca and Azuay, the local Cinterandes Foundation and the Virginia Commonwealth University's International Trauma Systems Development Program (ITSDP) was vital. It facilitated the establishment of the infrastructure for a regional trauma system in the Southeastern region of Ecuador including, injury prevention programs, the development of various prehospital and hospital basic trauma care education and hands-on practical courses, and most importantly, political advocacy for change at the health ministry level.<sup>3</sup>

The collaboration of a major US academic university in this process is also not to be underestimated. It lends legitimacy, expertise, significant academic, logistic, and financial support, and most importantly long-term relationships that are equally beneficial. In turn, many of the university investments were equally rewarding and important. The lessons learned, especially, in the development of a trauma registry for low and moderate income settings were instrumental in the development through university efforts of a modular trauma registry that was adopted by the Panamerican Trauma Society as a useful data collection tool and implemented in the Latin American Region.<sup>4</sup> Similarly, as mentioned in the article, a basic trauma course, designed to deliver basic education and training for the initial management of the injured patient in low resource setting, has been adopted as the official PTS basic trauma course and has been administered throughout the region including Paraguay, Colombia, Chile, and Panama.<sup>5,6</sup>

Perhaps the most important aspect not mentioned by the authors is the contribution of the authors themselves. Skilled migration and brain drain has been a major concern for the middle- and low-income countries, Ecuador included. When individuals who studied and

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completed their education abroad do not return to their home country, this results in significant and invaluable loss to the home country. All the authors of this excellent article had the opportunities to gain invaluable training and skills outside of Ecuador, with significant opportunity to remain abroad. However, their commitment to return to Ecuador and embrace the development of trauma care in their region despite all the challenges and vexation, is the true measure of success and will be the ultimate reward of their effort. Their paper describes their appreciation of the past efforts in trauma care development in their region, but more importantly speaks of a strategic plan to build the future of trauma care in Ecuador, starting with the student trauma league while paving sustainable networks for infrastructure development: a blue-print for other regions and locales.

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