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Staff Reporter

Health Minister Scott MacNutt's proposal to add helicopters to the province's ambulance service is like putting frosting on a moldering cake.

The ambulance service of Nova Scotia is an ailing body.

A percentage of all people who live with paraplegia or quadraplegia got their paralysis after the initial injury. Somewhere along the chain of care from the collapsed house or the car crash to hospital ward the paralysis was caused.

This view is given by Dr. Robert Scharfe of the emergency ward, Victoria General Hospital.

The health minister's promise of an improved ambulance service in Nova Scotia is long overdue, but helicopters fail to reach the heart of the matter.

Ambulance drivers need pass no special driving test. They pay $7 for a chauffeur's licence.

No government standards are set down to say what is an ambulance.

Drivers of private ambulances are not compelled to have first aid training; however, their association recommends that they do.

Miss Christina Steele, of Halifax, a nurse and former member of the province's ambulance advisory board (which has no power), says she travelled extensively in her work and ran the risk of accident, and added, "If I have an accident, I pray to God I remain conscious."

Miss Steele is employed in the province's emergency health service.

The ambulance services in North America are generally not good. They developed through a need for a vehicle capable of carrying someone who was stretched out, so a funeral hearse was used to do it.

According to Dr. Scarfe, death did not keep undertakers busy enough. The hearse was a community thing and the men available were first in the job; training was nil.

Civic or provincial ambulance services now exist in Ontario and Alberta, where attendants are trained in the care of the injured, and the vehicles have two-way radio.

In Toronto, the radio network was donated by Bell Telephone. Attendants have six months of training to the standards of certified nursing assistant, with additional courses in defensive driving and radio communication.

"This is going on in the rest of the world," Dr. Scharfe says.

A small electronic-age start has been made in Nova Scotia: Bridgewater ambulances, Victoria General Hospital and Walker's Ambulance Service, Halifax, are known to have radio communication.

Most ambulances do not have radio equipment.

The need for two-way radio is pressing in a province like Nova Scotia.

If a man with a head injury is being brought to Halifax, and has airway problems on the way, the driver has to be able to get him to someone quickly for a tracheotomy. With radio, he can be sent to the nearest help, signalled to help by a central dispatch office.

"In only about 15 per cent of ambulance calls does the attendant need to know first aid," Dr. Scharfe says.

"But this is where people die."

About 20 per cent of the people who die after a crash are now losing their lives because of inefficient emergency care between accident site and hospital ward, he says.

It is not possible to put a figure on the number of preventable deaths which occur after accidents. It is known only that some were preventable and some were inevitable. Such records are not kept.

According to Dr. Scharfe, if a person dies on route, the ambulance does not have to come in to the hospital. The vehicle can turn back. A doctor closer to the person's home can pronounce death.

"Speed is not important in ambulance calls, and drivers should obey all driving rules. What is important is care while the person is being transported," Dr. Scharfe says.

"And you don't need just a trained attendant. You need space to work around the patient, a vehicle as roomy as a bread van. Something you can stand up in."

"There is no room in ambulances now. Only one in Nova Scotia - in Wentworth - has enough room, and the guys built it themselves."

(A second roomy ambulance exists in Nova Scotia. It is privately owned by Gulf Oil refinery at Port Hawkesbury.)

Improvement in vehicle size in Nova Scotia has been outstanding in the past few years, he says, but previously, a station wagon with room for a stretcher in the back, was commonly used to carry a maimed or ill person.

An ambulance service with trained people, two-way radio and proper ambulance vehicles is needed to save lives no longer being lost, and to reduce the risk of inefficient care, disability and compounded injury.

According to Miss Steele, a former flight nurse in the forces, ambulance services have been studied to death, and ambulance operators cannot be blamed for the situation.

"If we want a decent service, we have to pay for it. It should be an insured service," she says.

"At present, we don't ensure you get there in optimum condition. If you are going to run an ambulance service, you should see the people running it are trained. It should be a health responsibility, not that of the department of municipal affairs."

(Ambulance services are subsidized by the municipalities, to 75 per cent of $20 per call plus 50 cents per mile travelled. The user also pays an additional charge of $15, if the call involves less than 100 miles and $25 for more than 100 miles.)

"We're losing people and it is not always the driver's fault. We can talk to the moon, yet not to the ambulance carrying someone in a critical condition," she says.

According to Dr. W. R. C. Robertson, of Halifax, Nova Scotia representative on a national committee to study ambulance services, its report was completed in April, 1972. It has not been made public in Nova Scotia.

Dr. Robertson said he was awaiting authority to make it public.

Two years ago, an estimate of cost of a minimum provincial ambulance service "of the kind we would like" was $1.5 million.

If the government were to say the improved provincial ambulance service were to be adopted, Dr. Robertson said he had the recommendations and back-up information.

"I have this thing on my desk. I have only to put a slip on it and recommend the Health Service and Insurance Commission implement discussions with the ambulance operators and then form a service in line with this report."

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