We declare that we have no conflicts of interest.

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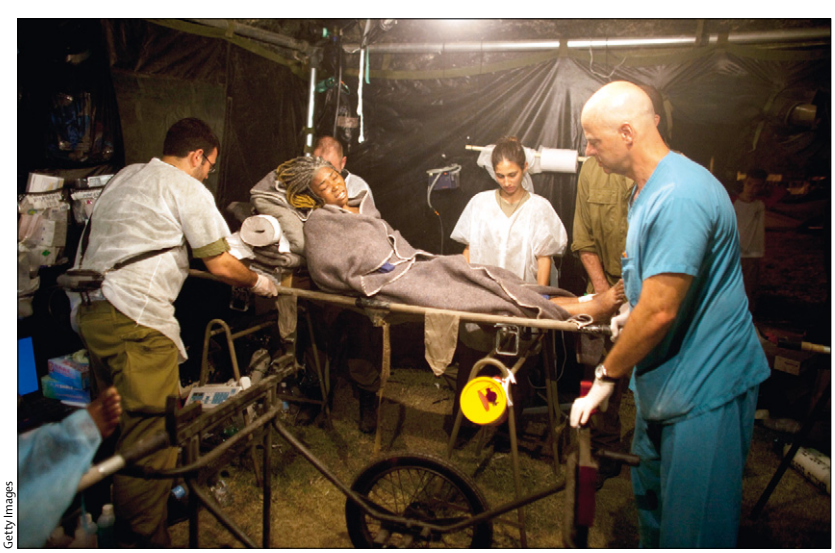
Disasters and a register for foreign medical teams

The tsunami in Asia and earthquakes in Pakistan, Iran, Indonesia, and Haiti at the start of the 21st century, and now the earthquake and tsunami in Japan, have emphasised people's continuing willingness to respond to large-scale disasters overseas. However, these individual acts of altruism are tempered by criticisms about lack of preparedness, coordination, and appropriate skills.[1–3] In the UK, many of these volunteers work in the National Health Service (NHS), and a sudden exodus of highly skilled staff can put considerable strain on their institutions. To address these issues, a formal register of UK surgeons, anaesthetists, emergency physicians and nurses, and other supporting medical, nursing, and paramedical staff has been established.[4]



Getty Images

Patient is transferred out of recovery room the day after surgery at the Israeli army hospital on Jan 19, 2010 in Port-au-Prince, Haiti

The register has been developed with the UK Government's Department of Health and Department for International Development, and with non-governmental organisations including Medical Emergency Relief International (Merlin). Although the idea to create a register has been considered after each major event,[5] only now has sufficient momentum been gathered to see its implementation. Governments, non-governmental organisations, and UN agencies can select health-care workers from the register and be assured that they are ready to go and are fit for purpose. The register is supported by the Faculty of Pre-Hospital Care of the Royal College of Surgeons of Edinburgh, the Royal College of Surgeons of England, the UK College of Emergency Medicine, the British Association of Immediate Care Schemes, the British Association of Plastic Reconstructive and Aesthetic Surgeons, the Academy of Medical Royal Colleges in the UK, the UK's Royal College of Nursing, and the British Medical Association. Existing collaboration with other countries will be strengthened.

An important role of the register will be to foster training. The core competencies for deployment to acute surgical emergencies (most noticeably earthquakes) are probably more easily identified and agreed on than are those for longer-term development work. Therefore the register will concentrate its remit on these emergencies. This focus also chimes with WHO's initiative to update its guidelines for the use of foreign field-hospitals. After experts met in Cuba in December, 2010, an ad-hoc working group (chaired by ADR) was formed to explore registration of foreign medical teams, both before and after deployment to sudden-onset disasters.

There will be liaison with the employers of volunteers, particularly the NHS, to define their commitment and to ensure that when teams are despatched they come from various sites to minimise disruption. As yet, no upfront external funding is attached to this initiative, and those who wish to be deployed will be volunteers and hopefully seconded (and paid) by their employer. This system has already worked well in the NHS for past emergencies overseas. Those who wish to be supportive but not deployed overseas can contribute equally by offering to provide voluntary cover for their colleagues. To test the ongoing willingness and capacity of institutions and individuals to enter into such voluntary arrangements, deployment to specific surgical emergencies also provides a clearly defined commitment: 24–48 h notice for deployment for 2–3 weeks is being requested. How the register performs in this specialist and time-limited framework could help to develop the more complex arrangements that are needed for longer-term secondments overseas and that are now supported in principle by government.[6]

In tandem with, and complementary to, the trauma register is the International Health Links Centre's Humanitarian Response Register,[7] which is designed to assist organisations in identifying suitable volunteers when planning their medium-term and long-term responses, and thus to bridge the gap between the immediate response to sudden-onset natural disasters and the sustained response needed for protracted emergencies. Awareness has increased of the need for accountability and standards when aid is offered to another country,[8] particularly in a severe emergency when the usual checks and balances for the individual's appropriateness are weakened or absent. This awareness is particularly important in medicine when interventions might be life-saving or life-changing. Many amputations might have been done in Haiti immediately after the earthquake,[9] but few data exist.[10] How can we improve the response when the reasons for surgery are largely undocumented and therefore unknown?

Emergency humanitarian medical assistance is only part of medical practice and therefore needs training, accreditation, and accountability. The UK International Emergency Trauma Register is a collective effort to support these aims and those of the health-care workers who will help their patients in the time of greatest need.

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We declare that we have no conflicts of interest.

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Research to achieve health care for all in India

Published Online January 12, 2011 DOI:10.1016/S0140-6736(10)62034-X
See Series *Lancet* 2011; **377:** 252, 332, 413, 505, 587, 668, and 760

Well planned health research is fundamental to the improvement of health in all countries.[1] Relevant health research has contributed to a doubling of life expectancy in India over the past 60 years since independence. However, India still has the largest disease burden of any country,[2] the mitigation of which will require existing gaps in health research to be addressed. The national health policy of India has strengthening of health research as one of its aims.[3] On the basis of an understanding of how the research produced in India relates to the disease burden and health-system priorities, who is producing this