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The Editor  
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**Re: Mackay M. Decision making in CPR. Med J Aust 1999; 170:p 46**

Contrary to Mackay's view<sup>1</sup> Surf Life Saving Australia is of the opinion that cardiopulmonary resuscitation is the greatest advance in first aid in 50 years. It is now even more successful by the recent use of defibrillators - particularly the automatic type that are now used by the Ambulance Service, and trained first aiders in Surf Life Saving and other first aid organisations such as St John and the Red Cross.

Dr Mackay's view on CPR is narrow and he quotes the poor results of only one end of a large spectrum of success with CPR, i.e. the patients who have the unwitnessed collapse, who may have been clinically dead for some time and who have little chance of resuscitation, or those who may have a terminal illness and for whom resuscitation may simply prolong a poor quality life with pain and suffering.

We believe that Dr Mackay needs to refresh his view on the benefits of CPR and suggest that he joins and brings his skills to such great volunteer organisations as Surf Life Saving, St John or the Red Cross, or even to such professional bodies such as the Ambulance. Here he will find dedicated people who have saved many lives with simple barehanded CPR. Early CPR has been proven on many occasions to keep a person alive until further help arrives, even in the apparently-drowned if cardiac arrest is caused by a heart attack and defibrillation is needed.<sup>2</sup>

Statistics from Surf Life Saving show both the success of CPR and EAR with up to 75% of "collapse" victims (i.e. acute events such as myocardial infarction) being successfully resuscitated.<sup>3</sup> Although results confirm Dr Mackay's observations that the longer the victim is without effective CPR, successful resuscitation is reduced, with success rates dropping the further the victim was from the patrolled area where trained lifesavers were present, our results are excellent and well above those Mackay quotes. Although we accept that CPR in certain cases is probably futile, the only people able to pronounce a person clinically dead are Doctors. As such, first aiders, rescuers and ambulance personnel are duty bound to attempt CPR until a Doctor assesses the victim and further resuscitative efforts are declared unworthwhile.

In an age dominated by more and more complex medical and paramedical equipment, nothing has replaced simple barehanded CPR when, and where, it counts - immediately at the scene of the accident. Whilst CPR in an Accident and Emergency Department or Hospital needs special consideration we do not agree with Mackay's generalised view that CPR results are "poor", nor his wish that "the technique had never been introduced".

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Yours faithfully

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<sup>1</sup> Mackay M. Decision making in CPR. *Med J Aust* 1999; 170:p 46

<sup>2</sup> Fenner PJ, Leahy S. Successful defibrillation on a beach by volunteer surf lifesavers. *Med J Aust* 1998; 168: p169.

<sup>3</sup> Fenner PJ, Harrison SL, Williamson JA, Williamson BD. Success of surf lifesaving resuscitations in Queensland 1973-1992. *Med J Aust* 1995;163:580-583.