

# A matter of life or death

First of three articles

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It is 8:30 a.m. You are at home, getting ready for work, when suddenly, your husband screams. His eyes roll back and his muscles become rigid. He passes out.

Shaking, you dial the operator and ask

**Emergency**  
**medical care**

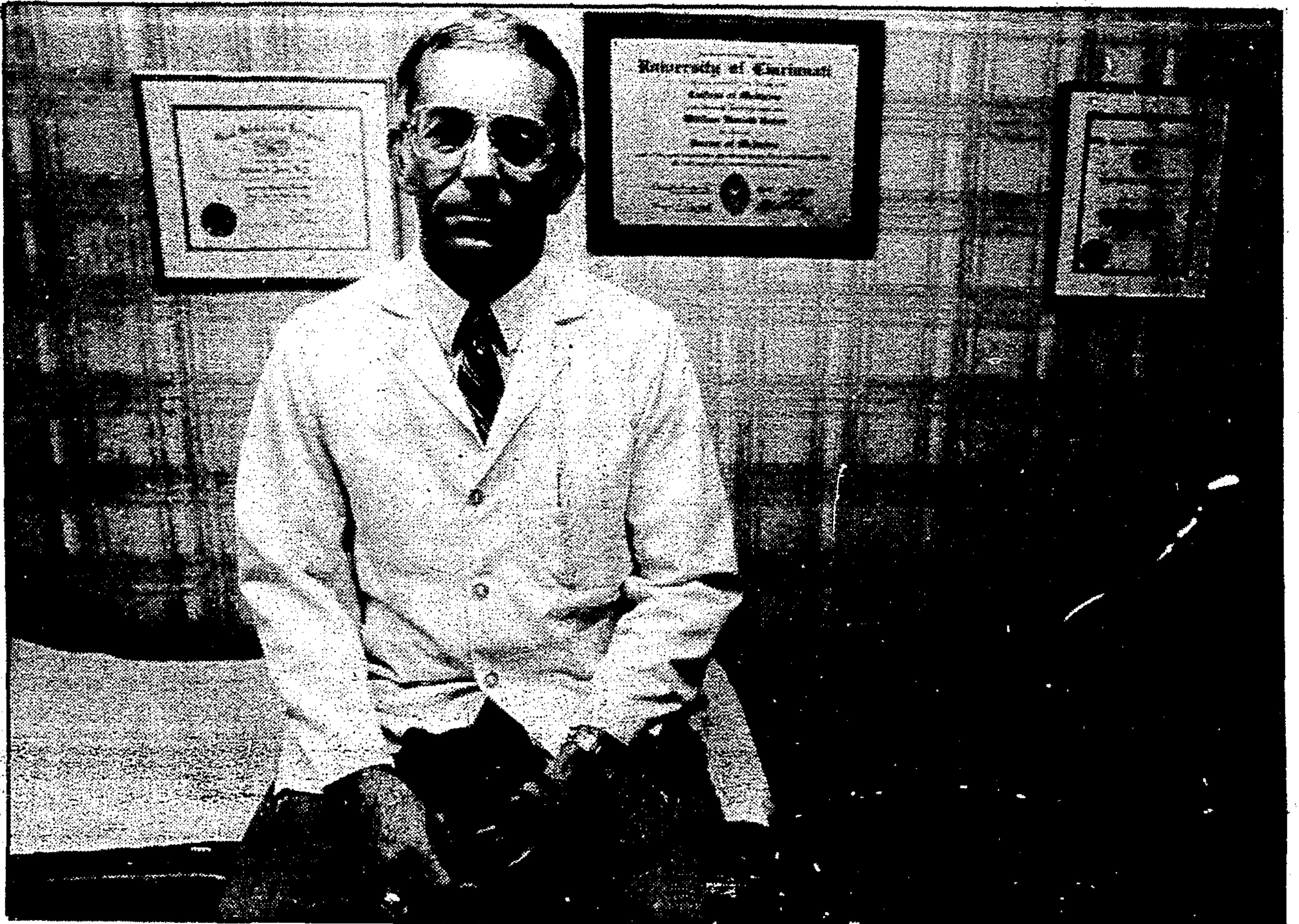
for an ambulance.

But when the city's life squad arrives, your husband is conscious and recovering and the paramedics refuse to take him to the hospital.

That's because you live in Cincinnati, a city that has only four municipal life squads for 385,000 people. Variations of that scene, which unfolded recently in Westwood, are repeated frequently in Cincinnati.

LAST YEAR, paramedics answered 12,798 calls—but took only about 6492 people to a hospital. The others were refused so that the four paramedic units would remain free to transport the critically injured.

Paramedics, firefighters now trained to fight illness and injury, determined that the people they did not take to the hospital did not need life support en route or did not need to go to the hospital at all, said Cincinnati Fire Chief Norman Wells. Some were taken to a hospital by police; some



Photographer: MELVIN GRIER

Dr. William Gates, president-elect of the Cincinnati Academy of Medicine.

found other transportation; some didn't go at all.

What's more, in about 18 percent of the calls, either the paramedic runs were canceled or a "disregard" signal was given before the life squad even reached the scene.

And that, say some physicians specializing in emergency medicine, is an outrage.

"There's a crisis in the city," said Dr. Daniel Storer, who trains paramedics and dispatchers at General Hospital.

DR. WILLIAM GATES, president-elect of the Cincinnati Academy of Medicine and chairman of its Emergency Medical Committee for eight years, said, "We are seeing people die that we sincerely question would have had a better chance to live" if they had received better emergency care.

Gates also was chairman of a nine-member task force, formed in March at the request of Cincinnati City Council Member Bobbie Sterne, that examined Cincinnati's emergency medical services.

Few members of the task force faulted the paramedics, who are generally said to

be earnest and hard-working professionals. Few blamed the dispatchers, who, in a telephone conversation of a few seconds, must decide who gets an ambulance and who doesn't.

Virtually everyone agreed that problems are not with the people, but with the system—a system they say is sorely under-equipped.

THEIR ANGER at the system, however, comes at a time when officials say there is no money to reform it. Minimal improvements recommended by the task force could cost \$2.7 million. But the city is searching for ways to reduce a projected \$17 million deficit, and "the idea of adding \$3 million is not very realistic," Mrs. Sterne said.

Because cities aren't required by law to have emergency medical services, Storer believes Cincinnati should decide whether it really wants to have an ambulance service—and then overhaul it or abandon it to private ambulance companies.

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# Emergency

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"This is a hot issue, made hotter by recent events," said Dr. Richard Levy, head of General Hospital's emergency room and vice chairman of the task force.

Those events include two well-publicized deaths:

- Barbara Walls, 47, refused to go to the hospital when her family called for a life squad May 30. Her family says the Price Hill woman is now dead because, when they called again the next day, precious time was lost as a dispatcher argued with them about whether her illness was life-threatening and deserved a life squad.

- A Youngstown woman died after suffering an apparent heart attack at Riverfront Stadium July 31. Paramedics, who had to come from Price Hill, couldn't get to the stadium for 20 minutes, said Gates, who witnessed the scene.

**DOCTORS BELIEVE** other cases have escaped public notice. Rita Whitt of Mt. Washington, for example, has alleged that her father's death was hastened by a dispatcher's refusal to send an ambulance June 23.

In a transcript of her conversation with the dispatcher, in which she tried in vain to convince him she could not transport her 250-pound father herself or get a private ambulance to come, Mrs. Whitt demanded, "Who's the judge if it's an emergency, you or me—well who's to judge if it's an emergency? I wouldn't be calling for nothing, sir. I realize that, I wouldn't call if it was nothing, but there is something here."

Who's to decide if it's an emergency? In Cincinnati, it is the dispatchers, civil servants in the Telecommunications Division.

That "is totally unfair to them," said Gates. "I don't know any doctor alive who would sit in their chairs and make decisions" without examining the patient.

**AFTER MRS. WALLS'** death, the Safety Division decided to have Storer train its telephone dispatchers how to ask questions to determine whether an illness or injury is life threatening.

He'll use a card system that lists questions for different illnesses. But Storer also intends to "use it as brainwashing. We'll tell them they shouldn't say no" to anyone requesting an ambulance, "no matter what the city says," he said.

And since Mrs. Walls' death, dispatchers have been told to send at least the nearest fire engine or police scout car to investigate when a call comes from someone who says that a sick person needs an ambulance.

The Police Division's 10 scout cars, vehicles resembling modified station wagons, can carry the injured or ill to a hospital.

**BECAUSE FIRE** companies are scattered throughout the city, they can usually get there first. However, only about 300 of the city's 809 firefighters have been trained as emergency medical technicians, a step below paramedics, and know such things as how to assess the extent of an illness or

injury, treat shock, or open a breathing passage. Wells said all firefighters will be trained eventually.

This system still doesn't please some doctors.

"It's kind of like organized chaos," said Levy. The sick do somehow usually get to hospitals, he conceded. But, he said, "It's not a system I like."

Nor is it one some police officers like. A few Cincinnati policemen moonlight as paramedics in the suburbs, but "a fair number" dislike driving scout cars and are not trained in life-saving techniques, said Storer.

Some don't want to be trained. When he taught advanced first aid to police a few years back, Storer said, some of them read newspapers during class, telling him, "If I wanted to be a doctor, I would have gone to medical school."

**YET, EVEN** though the Fire Division has made 16,274 first aid runs in the first seven months of this year, about 60 percent more than last, firefighters usually don't complain, said dispatcher Joseph Jones. They realize the public relations value of racing to the rescue, Jones believes.

Only about 10 percent of the runs that fire trucks made in July 1982 were to fight fires, another dispatcher said. Making runs for sick or ill people, Jones suggested, justifies staffing levels in the Fire Division and argues against layoffs. Citing what he said were figures from the city's Office of Research, Evaluation and Budget, Council Member J. Kenneth Blackwell has said the city may eliminate up to 100 firefighter and 138 police officer positions to save money next year.

But the new system also has a potentially dangerous problem, said Jones. While fire companies are out on first aid runs, he asked, who's left to fight fires?

**THE TASK FORCE'S** suggested improvements—which Levy said would make the life squad system just minimally acceptable—included purchasing another paramedic unit and six to eight ambulances, to be staffed by emergency medical technicians.

The task force also noted that the city could assign more paramedics to vehicles that are not ambulances. This would allow paramedics to rush to the scene of an accident and give advanced first aid, but avoid the expense of a new, \$55,000 ambulance.

Other recommendations included installing a 911 telephone number for emergency calls; setting up a radio system that would allow each ambulance to talk and send electrocardiograms to physicians in any hospital; setting up a medical advisory group to oversee the paramedics; or contracting with private ambulance companies, which charge about \$65 a ride, to supplement the city's free service.

Wells also is considering billing Cincinnati citizens for city ambulances, as is done in many other cities. Wells has met with General Hospital administrators to see if the hospital would send out the bills