

# Rescue Vehicle Provides On-Campus Care

—A maintenance man in Bell Building has been injured on the job and can't be moved — his supervisor sends for help.

—An employe at the Duke Farm sustains a fall and needs immediate attention — he calls for help.

—At a track meet on the West Campus, a visitor suffers sun stroke and a family member calls out for help.

—A patient at the Pickens Rehabilitation Center needs to be transported to the hospital for further care — his doctor calls for help.

—A student has fainted in one of the

dorms on the East Campus and her roommate turns for help.

—A helicopter carrying a patient from a civilian hospital in South Carolina lands on an athletic field on West Campus — help is needed to transport the patient to the hospital.

The above situations are just some of the many cases which are handled by the university's new emergency vehicle, established by the Safety Office under Larry Blake, safety coordinator.

Owned and operated by Duke's Department of Public Safety, the

emergency vehicle began its operations on April 18 and has since handled approximately 120 cases.

According to Lt. John H. Goodfellow Jr., senior officer in charge of the Public Safety Department for the medical center, this rescue vehicle is used only for emergency situations that take place on the campus.

The vehicle, located behind the Emergency Room, is on call 24 hours a day and is available for employes, students, patients, and visitors all over the Duke campus and its outlying facilities.

The need for such a vehicle grew out of increasing dissatisfaction with the previous vehicle, a station wagon, used for emergency cases. More often than not, public safety officers and medical personnel could not adequately handle and care for patients in the confined space of a station wagon.

The new emergency vehicle is equipped with two stretchers, oxygen, splints, an emergency kit and many other medical instruments and drugs that would normally be used for emergency situations.

The equipment in the emergency vehicle undergoes a thorough check every day and the vehicle receives periodic maintenance checks.

All of the 16 public safety officers at the medical center are capable of driving the vehicle and each has been properly trained in dispensing first aid.

Since most of the victims who need the vehicle require emergency medical care, the Department of Public Safety and the Emergency Room work closely together to quickly and efficiently handle any situations that might arise.

Despite the fact that most of the cases involving the vehicle, to date, have not required medical personnel on the scene, the Emergency Room is always notified when the vehicle is needed.

Aside from the public safety officers who operate the rescue vehicle and apply first aid, and the medical staff in the emergency room who administer emergency care, there are three central figures behind the scene who coordinate and remain responsible for the actions performed by all those persons involved in the use of the vehicle.

These behind-the-scene men are radio dispatchers. They are Max Lindsay who works the 7 a.m.-3 p.m. shift, James Kevin Summers, a student at the University of North Carolina who works the 3-11 p.m. shift, and Larry Berry, a student at North Carolina Central University who works from 11 p.m.-7 a.m.

These men receive all incoming calls for help and can be reached at ext. 2444. Emergency calls may come from an injured victim, a friend calling on his behalf, a doctor alerting the dispatcher of the need for the vehicle, or a man from the control tower at the Raleigh-Durham Airport, notifying the dispatcher that a helicopter, carrying a patient, is due to arrive on the campus at a specific time.

*(Continued on page 3)*



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### To Protect Research Subjects...

## Committee for Clinical Investigations Scrutinizes Human Experimentation

In 1796 Edward Jenner took a small boy and vaccinated his arm with cowpox, then exposed the boy to smallpox to see if he would catch the dreaded disease.

The boy did not, and Jenner's vaccination experiments laid the foundation for the future of preventive medicine.

A researcher today would find it almost impossible to get approval for such an experiment on a healthy child and yet Jenner's research led to the saving of millions of lives.

The history of human experimentation in medical research embodies all the best and all the worst in the human character, from the horrors of Nazi experiments to the self-sacrifice and dedication of Ignatz Semmelweis and P.C.A. Louis.

It was Semmelweis who showed that the dirty hands of doctors were carrying disease to pregnant women and causing thousands of deaths from "childbed fever."

But he could not talk his fellow doctors into taking part in controlled studies—washing their hands for some patients and not for others—so that he could prove his point. His zeal for handwashing so offended and estranged his colleagues that Semmelweis died in an insane asylum.

In the mid-Nineteenth Century, when bloodletting was popular and the leech trade was booming in Europe, Louis used statistics and careful clinical examination to show that this long-accepted practice was not only useless but probably harmful to patients. His experiments required that he be allowed to deny a normal and accepted treatment to certain patients in order to prove that they did as well or better without it.

The progress of medicine throughout history has come because researchers were able to question and test the value of standard therapies and pit them against possibly more effective new treatments. The catch is that all treatments intended for use in humans must eventually be tested in humans. And this involves moral questions of how much risk a person can be exposed to for what potential benefit.

The fine line between what is morally

acceptable in the way of human experimentation and what is not has never received more public attention than it is getting today.

As a result, the government and institutions which carry out medical research are setting up tighter controls over human experimentation and providing more safeguards for the patients taking part in experiments.

Duke has had since the mid-1960's a formal review committee on human investigation which must approve all proposed research involving human subjects—from psychiatric questionnaires to new experimental surgical techniques. Before this it was the responsibility of each department chairman to oversee the research in his area and insure that it was both scientifically and morally sound.

The review group, called the Committee for Clinical Investigations, has been in its present form since July, 1972. Its 17 members include a lawyer, minister medical student, community representative, a member of the medical center administration and representatives of the departments of anesthesiology, medicine, nursing, obstetrics-gynecology, ophthalmology, pathology, pediatrics, psychiatry, psychology, radiology, sociology and surgery.

Dr. Jerome S. Harris, professor of pediatrics and chairman of the committee, said that the group has never approved a project on anything but a unanimous vote. If a single member expresses reservations about a project, approval is withheld. All committee sessions are tape recorded.

If unsolved questions remain, the committee calls in the investigator to explain his proposal directly to them before a vote is taken. If an investigator questions the vote, he may take the matter to the vice president for health affairs. This has never been done.

The committee meets once a month, and is currently receiving about 30 research proposals a month.

The process begins when a researcher decides to do a study involving human subjects.

The investigator must first submit his

proposal to his department chairman for review and approval, then to two members of the committee who are not from his department. Harris and the secretary of the committee then review the proposal before it goes to the full committee.

With five people giving prior review on each proposal, almost everything that is questionable is ironed out or eliminated before it comes before the full committee, Harris said. This process also keeps urgent projects from being held up for a month because of procedural questions.

The committee's guidelines state that it must make three major judgments about a project:

—Whether the potential benefits outweigh the risks to the individual subjects who will take part.

—Whether the proposal can be modified in any way to provide greater protection to the subjects, and whether

*(Continued on page 3)*



**PROVIDING A NEW SERVICE**—During the past eight months Duke has been providing its employes, students, patients and visitors with an added service — an emergency vehicle. Owned and operated by Duke's Department of Public Safety, the rescue vehicle is used only for on-campus emergencies. The vehicle began its operations in April and has since handled approximately 120 cases. Lt. John Goodfellow, senior officer in charge of the Public Safety Department for the medical center, (at right) and his team of 16 officers and patrolmen are responsible for the day-to-day operations of the vehicle. *(Photo by Dale Moses)*