

FORUM

To the Editor:

I read with interest the study by Vonderohe and colleagues and also the editorial comment by Birnbaum which followed (*Pre-hospital and Disaster Medicine* 1991;6:327-330).

I am well aware of the difficulties in conducting prehospital research, and I believe that Vonderohe et al clearly point out some of the problems and limitations of their study in the discussion. I was dismayed to note that Birnbaum believes that "this study does what it says it was trying to do." I don't think that the study does prove that Albuterol is safe. Aside from the problems of data definition and interpretation which Vonderohe specifically discusses, and the problems with methodology which Birnbaum details, the study also suffers from the fact that a large percentage (34%) of eligible patients were excluded because of incomplete data. Two of these excluded patients deteriorated and required intubation. While these patients may have deteriorated regardless of treatment, it also is possible that their deterioration was precipitated by utilization of an oxygen powered nebulizer. An analysis of adverse reactions was based on what was "expressed by the [remaining] patients." This method of determining adverse reactions appears to me to be methodologically unsound.

But the specific flaws of this study aside, I believe that Birnbaum is quite wrong in proposing that the next step is to

prove that drugs are effective in the field. The effectiveness of many medications already has been well-studied in other environments. If a medication works in-hospital, then surely we do not have to repeat the study in the back of an ambulance unless we are hypothesizing that the environment in which a medication is administered somehow has an effect on the action of the medication.

Unfortunately, this reinvention of the wheel is the focus of many prehospital studies, and it diverts progress toward the legitimate goal of prehospital research. What we do have to prove is that it is necessary or useful to administer medication in the back of an ambulance: Does our intervention in this unstable environment have a positive effect on morbidity or mortality? As part of the question of necessity, we also have to address the issue of safety in the prehospital environment.

Studies such as the one Vonderohe reports are an important learning experience for those who participate in the research as well as for those of us who read it. We now need to move from learning how to study the prehospital environment to examining which interventions *need* to be performed in the prehospital environment.

M. Shuster, MD, FRCP(C), Emergency Physician, Medical Director, Paramedic Program (Hamilton, Ontario, Canada)

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