

From: Jon HOLCOMBE
To: panel_hs <panel_hs@legco.gov.hk>

Date: Monday, January 19, 2015 10:40AM
Subject: Re: Sudden Cardiac Arrest Concerns

Dear Panel on Health Services,

I write to you in light of several recent deaths in the Hong Kong area due to Sudden Cardiac Arrest (SCA). SCA take the lives of over 10,000 people in Hong Kong every year; consequently, Hong Kong has one of the worst records in the developed world for survival from out-of-hospital SCA (i.e., 1 to 3 percent survival rate).

In SCA, the heart suddenly stops beating normally. Ventricular fibrillation (VF), the chaotic cardiac rhythm most often seen in SCA victims, cannot be corrected by CPR alone, prompt external defibrillation is the only known effective treatment to halt sudden cardiac arrest.

Death from SCA is sudden and unexpected, occurring instantly or shortly after the onset of symptoms. While there are many contributing factors, SCA can strike people anytime, anywhere, and at any age. Even a seemingly healthy person can suffer a cardiac arrest without warning.

So what is the problem? Despite being equipped with top-of-the-line equipment and highly trained personnel, the target response time for ambulances in Hong Kong is 12 minutes after the incident is reported. The maximum target time should be 6 minutes from onset of the attack to arrival at the patient.

With every minute after the onset of SCA, chances of survival are reduced by 7-10%. Within 4-6 minutes of SCA, brain damage begins to occur. Within ten minutes, the patient is almost certainly dead.

You may argue that The Hong Kong Fire Services Department (HKFSD) has a First Responder Programme for frontline firefighters to combat the slower ambulance response time. They have over 5,000 members, and in 2013 they responded to 42,047 cases of Cardiac Disease, Airway Obstruction by Foreign Body, Absence of Breathing/Shortness of Breath, Severe Haemorrhaging, Unconsciousness, and other life threatening cases. They also provided Basic Life Support at fires and other special services scenes. In all, they handled 30,625 casualties. However, only 36 people with no respirations or pulse were saved.

Even in places with access to Automatic External Defibrillators (AEDs), such as all MTR stations, the government and private organizations have put policies in place that make it nearly impossible for a bystander to save someone's life. Each station has only one AED, and only MTR employees are allowed to use it. It is reported that the median time of the 1st shock is 14 minutes, while evidence shows that 75% of Ventricular Fibrillation rhythms can be corrected if defibrillation is received in 3 minutes or less.

Secondly, Hong Kong does not have a Good Samaritan law to protect lay responders who encounter medical emergencies. By definition, a Good Samaritan law "offers legal protection to people who give reasonable assistance to those who are injured, ill, in peril, or otherwise incapacitated. The protection is intended to reduce bystanders' hesitation to assist, for fear of being sued or prosecuted for unintentional injury or wrongful death." Shenzhen recently in-acted a Good Samaritan Law in August of 2013, placing them well ahead of Hong Kong. Organizations such as St. John's Ambulance and the HKFSD have trained 12% of the Hong Kong population in CPR and AED, yet these people are often afraid to take action because the necessary steps have not been taken to protect those with a sincere desire to help in an emergency. It is reported that as much as 80% of SCAs in our city are witnessed, but only 15% receive bystander CPR.

Finally, the HKFSD has not yet implemented a Medical Priority Dispatch System in which calls are prioritized based on urgency, and the HKFSD Communications Center Post Dispatch Advice (PDA) provides first aid instruction, but does not provide advice (such as CPR instructions) for SCA, etc.

Evidence shows that if dispatchers stay on the line to instruct the caller in doing CPR, significantly more lives can be saved. Time is key. Everyone can and needs to be in the business of lifesaving.

In conclusion, I implore the Panel to examine these facts, do further research into this matter, and take necessary steps to further protect the citizens of Hong Kong.

Additionally, I am requesting a meeting with one of your representatives to discuss these issues and the opportunities to improve, and to offer my time to help develop and implement the agreed plans.

Best Regards,

Forrest H.

Stanley, Hong Kong

Sudden Cardiac Arrest Association Member

RTST Health, Safety, & Security Enterprise Solutions Consultant

RFU Level 2 ICIS Practitioner

GFD Junior Volunteer Firefighter Medic- Reserve Status