Can pigeons change the emergency system in Poland?

The recent, tragic disaster at the pigeon fancier’s fair in Katowice, which claimed 65 victims and injured 200 others, has left Poland in a state of shock. At the same time everyone was amazed at the efficiency of the rescue efforts, which stood out in sharp contrast to the chaos characterizing the Polish health care system and its emergency services. The implications of this accident merit consideration for the organisation of emergency services in Poland.

Witnesses confirmed that the first ambulance arrived at the site just 4 min after the accident occurred. Well-equipped rescuers—firemen, soldiers, physicians, paramedics, mining rescuers, mountain and NGOs volunteers—quickly streamed into the disaster area. The injured were swiftly transported to nearby hospitals, which had rapidly geared themselves to cope with a major incident. Experts confirmed that none of the deaths that occurred were due to the low temperatures, which suggests that the emergency services reached all those injured, in time. Many Poles believe that the consequences would have been much more tragic if the accident had occurred anywhere else in Poland. Upper Silesia is the only region with an Emergency Management Centre and it immediately and very ably coordinated the rescue action. Moreover, Upper Silesia, being highly industrialized and predominantly a mining area, is much better prepared for major accidents. It has a widely developed network of mining rescue stations as well as the necessary hospital infrastructure to deal with many casualties. Furthermore, Upper Silesia is Poland’s most urbanized region, which allowed it to mobilize much greater resources in terms of manpower and equipment—and gave access to a sufficient number of emergency hospital beds.

On the other hand, many of the rescuers taking part in the rescue criticized its coordination, underlying that the available manpower was poorly utilized. In the early phases some of the rescuers did not know what to do; there was poor coordination of ambulance arrivals and no radio communication between the different rescue services. Volunteers noted that the Regional Emergency Management Centre had no communication with their (voluntary) organizations and many of them had turned up on their own initiative. They felt that the rescue operation had been successful due to this spontaneous response rather than to any well-organized, systematic operation.

The Katowice disaster and all the problems that occurred during the rescue have put the question of the emergency services back on the public agenda. Although Parliament passed the National Medical Emergency System Law in 2001, it has never come into force. Now, Health Minister Zbigniew Religa has pledged additional central resources to establish the system and given an undertaking that new legislation will be enacted before the end of 2007. As a result of his intervention, this legislation will ensure that there is coordination between all of the rescue services, the role of paramedics and other professions will be clearly defined and the role of non-governmental organizations within the emergency service will also be formalized. Whilst no one would question the desirability of such changes, many would challenge whether it was necessary to throw out the existing legislation, particularly when it has received the support of many experts and indeed has not been adequately tried and tested. Moreover, the financial policy of the present government gives little ground for optimism. Notwithstanding all this, the reform of the emergency services seems to be one of the most urgent needs of the Polish health care and administration system. And there is hope that the tragic events of Katowice will force the government to turn its words and declarations into definitive action.

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doi:10.1093/eurpub/cki065
Advance Access published on May 12, 2006

Eye diseases among elderly drivers in Finland

Sir,

Eye problems, caused either by media opacities or a retinal disease, can have a powerful effect on the capacity to drive a motor vehicle and yet remain unnoticed in traffic by any alert authority. Visual problems, other than uncorrected optical errors, typically tend to occur in the elderly.

Ageing has become the most salient problem in European countries and the rate of ageing is currently the highest in Finland. Between 1980 and 2004 the proportion of population aged 65 and over increased from 577 382 to 830 940 (30.5%) in Finland and is now 20.5% of the total population. In 1980 there were 135 658 driving-licence holders in Finland, aged 60 and over, while the number in 2004 was 591 271, corresponding to a 4.4-fold increase. The change in the number of men (60 and over) having a driving licence increased 3.2-fold, but the change in the number of women was 10.6-fold over the same period of time. From these figures it is evident that the number of driving licences in Finland during 1980–2004 increased more rapidly in the elderly than the increase in this age group itself and that the increase was mostly due to the increase in this age group itself rather than the increase in this age group itself.

According to a cross-sectional survey in Finland, eye diseases among those persons aged 65 and over with a visual acuity of <0.3 were, in 2004, as follows: macular degeneration 58%, glaucoma 10% and diabetic retinopathy 8%. Subtle forms of macular degeneration, starting at a later age and reducing visual acuity, can be detected only by ophthalmologists and often remain outside any statistical recording system. Cataract is an eye disease of the elderly. There were 10 047 cataract-surgery interventions in 1990 in Finland, while the number in 2003 was 31 303, corresponding to a 3-fold increase. Facts suggest that the number of people with cataract has increased at a proportionally greater rate than the total population. However, long before the cataract has come under the microscope of the surgeon, it may have, even in the initial stages, occasionally disturbed driving vision.

In addition to macular degeneration and cataract, diabetic retinopathy and glaucoma are two significant eye diseases producing problems in the elderly. In the adult-onset diabetes, often associated with obesity, retinal problems occur more often and earlier in the central parts of the retina than in the juvenile-onset diabetes, bringing about a decrease in visual acuity.

Glaucoma is the second leading cause of vision loss worldwide and in the United Kingdom it is estimated that the ageing of the population will increase the rate of glaucoma by 30% in the next 20 years. Unlike many other eye diseases, glaucoma spares the central vision at the early stages of the disease but unfortunately, remains asymptomatic.