

MILITARY SURGERY

**MS001
SURGICAL AUDIT ON AUSTRALIAN MILITARY OPERATIONS:
AN EVOLVING NECESSITY**

S. J. NEUHAUS AND **J. V. ROSENFELD**

Defence Health Services, Australian Capital Territory, Australia

Australian surgeons have been involved in an increasing number of recent operational deployments. These include support of war and peace-keeping/counterinsurgency activities. During these deployments Australian surgeons have made a valuable contribution to the health of Australian servicemen and women, and also provided significant humanitarian assistance.

Historically, surgical data capture on Australian military operations has been poor. Deficiencies in record-keeping make it difficult to developing a true picture of clinical surgical practice on operations. Frequently, surgical data comes from widely disparate sources, all of which are retrospective and unique to the particular deployment. Many surgeons keep their own logbooks on operational deployment but it is difficult to integrate this data in a meaningful or consistent way. The official surgical register is limited in detail on the specifics of the operative procedure, has no information on outcome and does not take into account the unique setting in which the surgery takes place.

Consequently, many of the surgical lessons of deployment become lost. Reporting of surgical workloads and analysis of lessons learned is often limited and rarely linked with wider health reporting processes. It is important that Australian Defence Force surgeons can demonstrate a commitment to ongoing improvement in surgical care and developments in 'best clinical practice'. This paper aims to overview the process of surgical audit as it applies in a military setting. The authors propose incorporation of surgical audit systems into all Australian Defence Force (ADF) deployments.

**MS002
MILITARY MEDICAL COMMAND – AN AUSTRALIAN
PERSPECTIVE**

P. D. BYRNE

Australian Army, Adelaide, South Australia, Australia

The Australian Armed Forces Medical Services have proud traditions in war over a period of more than a century. They have been based on the principles of command and leadership both in war and in peace. The end result has been an outstanding effort at all levels and in circumstances often of great military difficulty.

The three Armed Services have developed traditionally their medical systems along the lines and using methods to complement the specific service operational requirements.

Armed service health and medicine in war remains an operations function and responsibility. This is especially so in the Australian Army where casualty management and evacuation systems are continuous, mobile and function over vast areas.

In war, a very significant number of senior and middle ranking medical officers in command positions have been surgeons and Fellows of this College, advancing ultimately to great national and professional prominence.

Ironically, because of very few casualties in war since Vietnam, the political prominence of the Health Services of the Armed Forces has been diminished. This has resulted in the fragmentation of medical command and great difficulties in recruiting and retention of medical, dental and nursing officers.

Major requirements now exist to re-establish within the Australian Army, field medical units under medical officer command and also to re-establish regional military medical administrative centres to supervise recruiting retention and career development of Health Service Officers and other ranks to their ultimate potential.