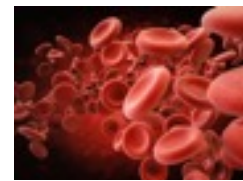




DIVERSITY
Exploring inequality



HAEMORRHAGE CONFERENCE
What's next?

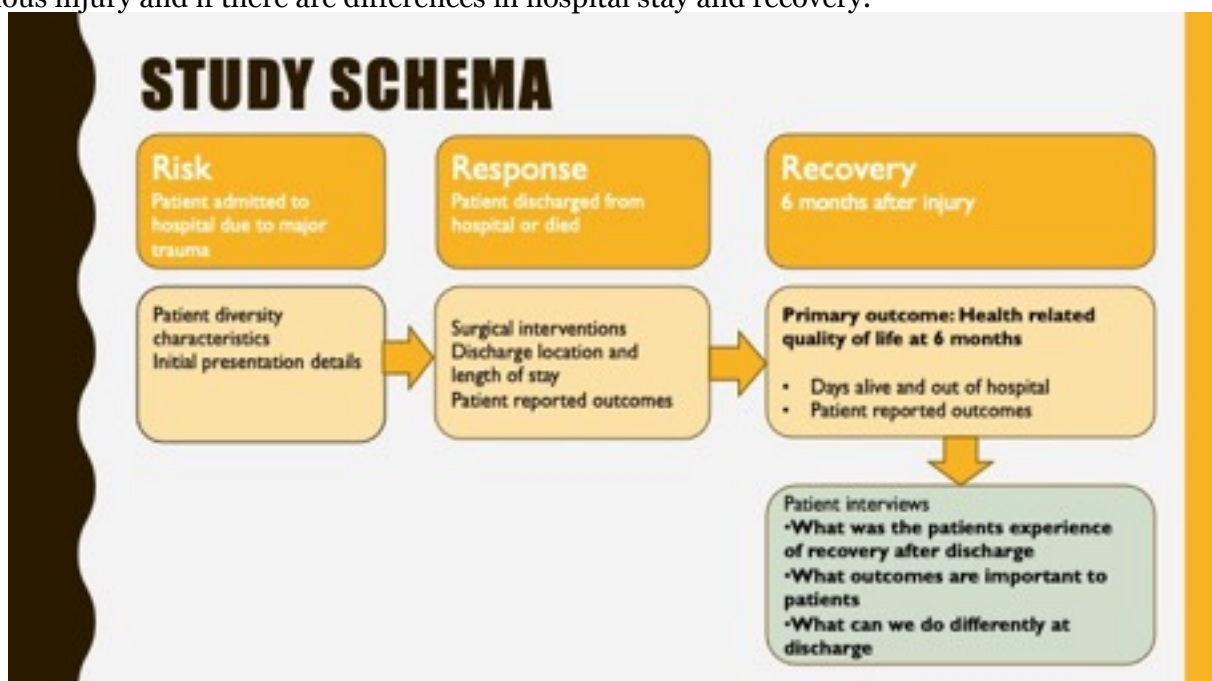
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PAIR

bulletin

Diversity

Inequality in healthcare is well established in the UK and beyond. Some groups are more likely to die young, receive less pain relief, and wait longer for hospital appointments. In trauma care, not much is known about the differences in treatment and outcome between different communities. This is because information about patients such as: ethnicity, gender, sexuality, age and social class is not routinely collected. In a new project a research nurse at the Royal London Hospital will collect this information about patients admitted to emergency departments across the London Major Trauma Centres for 3 months. Around 1200 people will have the care they receive and outcomes recorded to see if there are differences between the groups. A sample of the group will also be followed up and interviewed at 6 months to track longer term differences. There wont be any changes to the treatment the people receive because of the study. The project aims to see if some groups are more at risk of serious injury and if there are differences in hospital stay and recovery.



PAIR LINKS PATIENTS AND CARERS WITH RESEARCHERS. TO FIND OUT MORE CONTACT J.PIERCY@QMUL.AC.UK

UK MAJOR TRAUMA HAEMORRHAGE: WHAT NOW? WHAT'S NEXT?

In March the Centre for Trauma Sciences hosted an important meeting of emergency medicine doctors and researchers. The conference, held at the Wellcome collection in London, brought together specialists to discuss recent research results and explore future developments in the care of bleeding patients.

There was discussion of the results of recent trials Cryostat 2 and REBOA and what changes these might lead to. More research is needed to identify those patients who can benefit from targeted transfusion of blood products and studies are being developed.

The session involved a long discussion about the use of machine learning and artificial intelligence to support treatment of people who are seriously ill. In these cases it is often necessary to make very quick decisions about the best course of treatment. If there is good information available, and systems are given feedback to learn from, machines may be faster and better at answering questions about the need for particular interventions. However Human decision making is better than machines when information is ambiguous or doesn't fit a previous pattern. Identifying when to use machines to aid decision making is a challenge and there is a role for Public Patient Involvement in the adoption of these new technologies. How do people feel about computers taking decisions from doctors? How can we build confidence that in some cases machines will be more reliable than humans?



discussing AI and decision making in trauma

Meet the researcher



Paul Vulliamy

I am a Senior Clinical Lecturer in Trauma Sciences at the Blizard Institute and Honorary Consultant Trauma Surgeon at the Royal London Hospital. My primary research focus is on the role of platelets in clotting problems immediately after injury, and later organ failure. I have a particular interest in the way platelets affect the immune response and how they sense injuries. I also study the behaviour of platelets given to people who are bleeding heavily. In addition to my research activities, I co-ordinate medical student placements within the group and I contribute to the Haemorrhage and Coagulopathy module of the Trauma Sciences MSc. I also have a keen interest in medical and scientific art, and was previously awarded the life Sciences Image Award for my work entitled 'White blood cells'