Attending an arrest
– a personal reflection

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I found myself at an arrest scene recently. The call took me by surprise. Does that sound naïve? Of course I wasn't expecting it: no one knows the time or place. I was on site as a guest at a happy occasion, emotionally unprepared, not on duty – and my resus equipment was in my car parked two blocks away...

The occasion was to have been a celebration, a 30th wedding anniversary (rare enough these days and certainly good cause for a celebration). The wedding had been in the UK on Bastille Day. Guests came suitably attired: 1970s' formal wedding garb English or French style. There was a planned element of surprise. The event had been arranged as a reunion with longstanding friends who had come from all over the globe, unbeknown to the wife.

The formalities were only just underway; there had first been a renewal of vows, then speeches to be followed by a dinner-dance. Guests were standing gathered to hear the speakers. The second up was a life-long friend of the 'groom'. His delivery was witty, polished, seemed effortless, with just the right balance of personal anecdote and innuendo. The guests were very appreciative, clapping enthusiastically as he stepped away from the microphone to hug the host couple. His collapse came suddenly and silently. He slipped to the dance floor at the feet of the crowd, just as the next speaker stepped up to the microphone.

After such a flawless performance was this a simple syncope? Close onlookers must have thought so, as they elevated his legs, tapped his face. Called his name. Then realisation hit the crowd. This was more serious than a faint, an unplanned element of surprise.

I heard that heart-sink question *'Is there a doctor or a nurse?'* I was grateful I was not alone; another medical colleague and his wife, a nurse, were also guests. On reflection, the scene must have appeared surreal to arriving ambulance staff: the venue overlooking the harbour was bedecked with multiple coloured lights and platinum balloons; three would-be resuscitators in fancy dress were working on the dance floor; 100 hovering guests witnessing an arrest for the first time. I will not dwell on the details of the resuscitation. Sufficient to say this community arrest had an unsuccessful outcome.

Instead I wish to share some reflections on preparedness that have been triggered by debriefing and in discussion of this incident with colleagues.

I freely admit that I went begrudgingly to renew my CPR 18 months earlier, and was somewhat dismissive of the certification requirement. Now I have reason to be grateful. Although unsuccessful, I have no doubt that we did all that we should and could have done in the circumstances. I had confidence in my knowledge of the correct procedure to follow. My assisting colleague did not. He was a Fellow of a specialist College that does not require proof of CPR competency. As we stood aside during activation of the defibrillator he told me that he could not interpret the rhythm strip on the defibrillator, and did not know the current resuscitation protocol.

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The RNZCGP is to be lauded for the policy to ensure CPR proficiency of members. I know that I would not have recently taken a CPR course if the College did not stipulate that I had to. With our ageing population, and postwar baby boomers all entering the age group for higher CHD risk, this community arrest scenario is surely going to become a more common phenomenon.

However, human nature is so incorrigible that I now find myself trying to question the need for renewal of my certification next year – after all, have I not only just had some valuable practical experience with the protocol? What do we know about optimal frequency of renewal of such skills: is there any evidence supporting a three-year CPR re-certification cycle? Does recent use of the skills justify a longer gap between CPR courses?

Is it possible that there are other important practical GP skills for which a compulsory update cycle is called for? Skills which, while not as immediately concerned with life-and-death, might have dire consequences if we get it wrong include: minor surgery and suturing, IV cannulation, clinical interpretation of heart sounds, pelvic bi-manual or PR examination or smear-taking. I personally find criterion-driven re-certification a very unsettling prospect. It seems inevitable that medical practitioners, selected for training on the basis of intelligence and ability, would not welcome any personal learning agenda forced upon us. As we move toward the implementation of the Health Practitioner Competency Act, what are the implications for determining our competency?