Pen Is Mightier than the Sword: Columbia Shows the Way in Formulating Neurotrauma Guidelines

Deepak Agrawal[1]

[1]Department of Neurosurgery and Gamma Knife, All India institute of Medical Sciences, New Delhi, India

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The saying "one shoe does not fit all" is especially true for traumatic brain injuries (TBI) which occur most frequently in resource constrained low- and middle-income countries (LMICs), yet manage patients based on guidelines emanating from high-income countries (HICs). A prime example is intracranial pressure (ICP) monitoring. In countries like India where majority of the population is uninsured or poorly insured, more than 90% of all severe TBI's are managed without ICP monitoring, simply because the cost of ICP catheter is prohibitive to most neurosurgical centres.[1,2] Despite practical issues like this, the national societies of these countries continue to rubber stamp the brain trauma foundation guidelines,[3] without looking at the ground realities in the country.

It is therefore a welcome change to see a position paper coming out from Columbia which shows a new approach to manage TBIs based on the resources available.[4] It is important that guidelines for TBIs reflect the local resources and therefore this "two-dimensional" concept of pairing protocols with the resource setting is commendable and needs to be emulated by other developing countries like India.

I believe that these guidelines should be adopted by bodies such as World Health Organization (WHO) and World Federation of Neurosurgical Societies (WFNS), as a template for developing countries and fine-tuned for each specific country. For example, in India, jugular bulb venous oxygen saturation ($SjvO_2$) and electroencephalography (EEG) monitoring are not done, even in tertiary setting, and may be removed from India-specific guidelines.

In absence of proactive role of government in countries like India, the onus falls on national societies, like Neurotrauma Society of India, to frame guidelines after a similar consensus BOOTStraP exercise,[4] have it ratified by regulatory authorities like National Medical Commission in India, then have them enforced across the country. This will go a long way in having consistency of neurotrauma care based on resource setting and pave the way for other specialties to similarly follow.

I again commend the stakeholders in Columbia for coming together to crystallize their discussions into this well written position paper which, in fact, is a legacy for the people of Columbia (and a template for other countries), and I am sure its citizens will benefit from this in the very near future.

Conflict of Interest
None declared.

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Address for correspondence
Deepak Agrawal, MBBS, MS, MCh, Department of Neurosurgery and Gamma Knife, All India institute of Medical Sciences, New Delhi, India (e-mail: drdeepak@aiims.edu).

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