The blind use of RLS may be killing more people than it saves.

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Ambulance involved

Tentative settlement reached with crash victim

By Scott Richardson

Pantagraph Staff

The City of Bloomington has reached a tentative settlement of nearly $5 million with a former cheerleader who was partially paralyzed in a crash between a pickup truck and a Fire Department ambulance last year.

If the proposal is approved at a scheduled hearing Jan. 10, Sharron Rose Friburg, 18, of rural Saybrook will get an immediate cash payment of $500,000, according to court papers filed yesterday by her attorney, James Enwing of Bloomington.

She would get three more cash payments, one of $25,000 in 10 years, one of $50,000 in 20 years and one of $100,000 in 30 years.

The proposed settlement also calls for her to get $2,000 each month for the next 10 years and $3,000 per month for each month after that for as long as she lives. All payments would total $4,975,887 if she lives to her expected life span, Enwing said.

Miss Friburg was a honor student when she left home March 26, 1989, to attend a movie in Bloomington with Mark Emery. As they were headed south at Center and Locust streets, Emery's pickup was broadside by the eastbound city ambulance which was transporting a man with a spinaled ankle to Brokaw Hospital.

Miss Friburg was in a coma until Aug. 1, 1988, and was brought home later that month after the family's insurance company said it would not pay for any more hospital care because of a policy clause stating the firm would not pay for extended care when a patient has recovered as much as the company's doctors think likely.

Since early this year, Miss Friburg has been attending a program that combines education with therapy for the severely disabled. We call the "wake effect" of emergency units disrupting, confusing and startling other drivers, up to five times as many accidents are caused by units responding RLS that don't physically involve the emergency vehicle itself. Does the number of 75,000 get your attention? It should, if you, too, believe that the proportionately huge medical disaster patch—"as for medicine itself—should be, "First, do no harm." In 1989, I subscribed to a national newspaper clipping service and for one year, I received so many articles on EMVAs that I couldn't fit them all into a cabinet drawer. And these were just the ones that made the news, such as fatalities, roll-overs, lawsuits and horrible outcomes. Then there was Sharron Rose. Her story caught my eye: In Bloomington, Ill., nearly $5 million and the quality of life of a dashing, beautiful 18-year-old girl, Sharron Rose Friburg, were lost because of a "sprained-ankle run." (see box on page 12).

In 1983, Salt Lake City's Fleet Management department reported that the EMVA rate had dropped 78 percent in that city as the result of the MPDS, and it was estimated that the number of EMS vehicles traveling Salt Lake City streets with RLS was safely reduced by 50 percent through use of the system. Were any Sharron Roses saved by these changes? I guess we will never know.

The "loyal opposition" (i.e., attorneys such as Sharron Rose) are learning about the "maximal-response disease" and the fact that every ambulance, fire truck and police vehicle does not have to respond "HOT." The blind use of RLS may actually be killing more people than it saves. While we may worry about getting into trouble for not responding or transporting RLS, I predict that, in the not-too-distant future, any use of RLS will be subject to sensible justification and standardization or be considered negligent by the courts.

Finally, after reading about hundreds of unnecessary EMVAs, it is my opinion that the medically unjustified, arbitrary or blanket use of RLS is a negligent process that runs contrary to the current trend to court praise for EMS. She can talk and camp that with in the 1989, the National Association of EMS Physicians took the following significant stands in their Position Paper on Emergency Medical Dispatching: "Priority dispatch is an essential element in any EMS system for it establishes the appropriate level of care including the urgency and type of response. These priorities must reflect the level of appropriate response including types of personnel (ALS vs. RLS vs. first responder) and response configuration (numbers and types of vehicles responding) and mode of response (red-lights-and-siren vs. routine)."

The appropriate prioritization of the type, number and manner of responses is essential to effect an appropriate reduction of responding vehicles traveling red-lights-and-siren and therefore unnecessary vehicle accidents. In 1980, ASA, a national standards-setting organization, issued its national document, Standard Practice for Emergency Medical Dispatch, which clearly states:

"This [standard] practice may assist in overcoming some of the misconceptions regarding emergency medical dispatching. These include the uncontrollable nature of the caller's hysteria, lack of time of the dispatcher, potential danger and liability to the EMD (emergency medical dispatcher), lack of recognition of the benefits of dispatch preservation, instructions and misconceptions that red lights, sirens and maximal response are always necessary. Perhaps these documents should be considered. "Plaintiff's Exhibits #1 and #2," because that is what they will likely be used for in future EMVA negligence suits.

I believe that the careful, trained and knowledgeable use of the most updated medical priority dispatch protocols results in a safe and efficient dispatch, care and response process for any EMS system. Measured, medically approved, preplanned responses (as opposed to the shotgun, hurry-up-and-await approach still present in many current EMS systems) has become the new national standard of care.

I left the gentleman from Michigan with the thought that I was confident that his system—as an early leader in EMVA—was the best system that could be achieved with unimpressive medical control—would be able to recognize the inevitabilities of response "science" in the near future. Let's hope his system, as well as many others, realize its importance before it's too late for (the next) Sharron Rose.

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