

## LETTER TO THE EDITOR

# Alexandra District Ambulance Service through the eyes of a medical student

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## Dear Editor

During a three-week rural health rotation in Alexandra, Victoria, Australia, I became curious about the Alexandra District Ambulance Service (ADAS), the only volunteer ambulance service in Victoria.

I learnt the history of ADAS from the chief executive officer (CEO). In 1948, ADAS was established due to the lack of local ambulance service (P Savage, pers. comm., 2006). In 1998, all the Victorian regional ambulance services, except ADAS, were amalgamated into Rural Ambulance Victoria (RAV), a professional ambulance service<sup>1,2</sup>.

He explained that ADAS continued as a volunteer service for two reasons. First, the mountainous terrain surrounding Alexandra meant it needed its own ambulance service. Second, there was community fear of a reduced service if ADAS amalgamated with RAV. But, was this fear justified?

ADAS has 32 volunteers and six vehicles that service Alexandra, Marysville, Eildon and surrounding area (P Savage, pers. comm., 2006). I experienced its high level of availability when I accompanied an ambulance vehicle from Alexandra station, two minutes after a call was made to the emergency number 000 regarding an incident near Marysville. Another vehicle was also dispatched from Marysville station.

The staff at ADAS were warm and friendly. During my rotation, I was fortunate to get to know the Clinical Support Officer (CSO) well. He is a mobile intensive care ambulance paramedic from RAV, funded by the Department of Human Services, to provide independent case review and support for ADAS. I attended several case review sessions, and met many volunteer officers. Although they came from all walks of life, including school principal, farmer and retiree, they were united by their amazing dedication.



Most of the volunteers have no prior exposure to the health professions. They complete a certificate 3 in basic emergency care, enabling them to perform basic life support (P Savage, pers. comm., 2006). Not only are the volunteers 'on call' for the community 24/7, but also, in addition to their normal duties, they are also exposed to the same real-life situations as professional paramedics. How do the volunteers cope? Or, are they actually coping?

I remember the look on the face of one farmer volunteer when the CSO was explaining the haemodynamic changes during shock. After a while, despite his best attempts at understanding, he stated, 'This is beyond me'. I totally empathised with him. To understand the theory for the diverse presentations that a paramedic has to deal with, requires, in my opinion, at least the knowledge of a senior medical student with a good grasp of emergency medicine.

What does this tell us about a volunteer ambulance service? Have the volunteers been asked to do more than they could by taking on the same responsibilities as professional paramedics? Is availability gained at the expense of clinical competence? Is there still a place for this model of

ambulance service, when most ambulance services today are run by professionals<sup>3</sup>? At the end of the three weeks, my initial curiosity about ADAS was satisfied; however, I left Alexandra with more questions unanswered.

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