

## Editorial

### A new decade, a new approach

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As we enter a new decade, the direction the Australasian Journal of Paramedicine (AJP) took at the start of 2019 to change to continuous publishing (instead of four issues per year) appears to have been successful. In 2019, the AJP published two editorials, 33 research articles, 10 literature reviews, two education articles, two commentaries and two sets of conference abstracts. This is more than the journal has published in previous years.

Sadly, this new decade has been marked by the bushfires that are ravaging our communities. The aftermath of these fires – for both humans and wildlife – will potentially take decades to overcome. Many are asking: “How well prepared are we for this type of disaster?” Countries can learn a lot from disasters, but does this translate into better preparation for the next event? Or is it stifled by politics and layers of bureaucracy?

There have been comments in Australian newsfeeds from general practitioners that their services in bushfire refuge shelters has been ignored, and so they have set up their own clinics to provide healthcare services to victims. The provision of healthcare services in Australia comes under various organisational responsibilities and is dependent on individual states and territories to how they function. Perhaps Australia and its states and territories need to look at other countries and how they respond to disasters in the immediate and short-term aftermath.

When I visited Brawijaya University in Malang, Indonesia several years ago I was interested to see that the university had their own ambulance and people carrier which was used to respond to disasters within the local area. The university response included emergency nurse academics and nursing students who were then part of a larger medical response at the incident site. The use of university staff and students provides many benefits: it does not deplete the nursing staff from local hospitals or Puskesmas (community health clinics), and it provides students with real world experience. (Nurses predominately staff ambulances in Indonesia, so the university response is additional to any local ambulance response.)

Decision makers, policy makers and planners in Australia should consider the human resources available in universities and how they could be used in a healthcare response to disasters. There are sufficient universities within each Australian state and territory, covering a range of healthcare disciplines, to have a targeted response to a disaster within their area. There are many issues to consider and work through before this could become reality, however it is an underutilised resource that needs to be considered.



Brawijaya University Emergency and Disaster Medical Facility

So, as we enter this new decade with its potential for more extreme weather events and natural disasters, the healthcare provision at, and immediately following, these events needs to be reviewed. The decision makers, policy makers and planners need to make use of all available human healthcare resources in their future planning for disaster management. The general community needs to decide on how to support the volunteers that may be fighting fires for extended periods and therefore be away from their usual place of employment. Aligned with volunteers are the needs of the organisations in which the volunteers work and the question of how they are compensated or supported to maintain their normal productivity.

I wish you all have a safe and healthy 2020.

Dr Mal Boyle  
Editor-in-Chief  
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