



## 4.0 Organization

If you are alone or just a couple then organizing your medical care is relatively straight-forward. However the larger the group the more formalized and structured your medical care should be. Someone within your group, ideally with a medical background, should be appointed medic. Their role is to build up their skill and knowledge base to be able to provide medical care to the group. There should also be a certain amount of cross-training to ensure that if the medic is the sick one, there is someone else with some advanced knowledge. The medic should also be responsible for the development and rotation of the medical stores and for issues relating to sanitation and hygiene. In regard to to medical matters and hygiene their decisions should be absolute.

Another important area is that of confidentiality and trust. This is a corner stone of any medical relationship. It may seem an odd thing to mention in regards to a survival situation, but all doctors, nurses, paramedics will tell you without trust you can't practice. You need to trust that what you tell your medic will go no further and personal problems won't become dinner-time conversations. Obviously, this has to be weighed against the "common good" of the group, but unless it would place the group in danger there should be an absolute rule of confidentiality.

Even in a survival situation documentation is important. You should keep a record of every patient you treat. What they complained of, your history and examination, what you diagnosed and how you managed them, a very clear note of any drugs you administer and a description of any surgical procedure you perform should all be recorded. Anyone with an ongoing problem should have a chronological record of their condition and treatment over time recorded. There are two reasons for this. First is that for the ongoing care of the patient, often it

is only possible to make a diagnosis by looking over a course of events within retrospect and it is also important to have a record of objective findings to compare, to recognize any changes over time in the patient condition. Second is for legal reasons. If and when things return to normal it may be important to justify why certain decisions were made. Detailed notes from the time will make this easier. It is also useful to have medical records on members of your group prior to any event, including things such as blood groups and any possible medical problems.

The persisting survival theme of how you deal with the "have not's" when they approach you, applies to medicine as much as to food and other supplies. Obviously complete isolation is one option, but this is unlikely to be that common. How do you deal with the stranger dumped on you with the gunshot wound or pneumonia? It's one thing to give them a meal, but do you give them the last of your IV antibiotics or your one dose of IV anesthetic? You need to have thought about these things. People can often "live of the land" and forage for food, but they can not forage for penicillin. Its also worth realizing that these people may be more likely to be in poor general health and also carriers of infectious diseases. This raises the question of isolation vs community involvement again. One possible option may be to quarantine the refugees for a period before any contact with your group.

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