

# Bloody portrayals shock high-risk drivers

The image on the screen is that of a face which has been ripped open. Bits of tissue vaguely resembling facial features are scattered around the gaping hole in the front of the head. A breathing tube, gleaming white among the bloody ruins of the lower jaw, is the only feature that distinguishes the mouth area. It looks like something out of a horror movie. It isn't. This is a picture of reality, the reality of what happens when a human face hits a windshield.

Welcome to the "Tagged for Life" program.

"Tagged for Life" is the brainchild of Dr. Louis Francescutti, a surgery resident at the University of Alberta Hospital. It is an accident prevention program. Drivers between the ages of 16 and 24 who have had their licenses suspended for high risk driving (accumulated demerits, impaired or dangerous driving, criminal negligence, or speeding in excess of 50 km/hr over the posted limit) may be "tagged" by a judge or the Driver Control Board and forced to attend the one-day program as a condition for license reinstatement.

"What we are looking at here," says Francescutti, "is the 'grey zone' between dying in an accident and walking away from it."

Between 8 a.m. and 2 p.m., participants are forcibly educated in the reality of the accident victims who survive; progressing from the accident scene to the Emergency trauma room, the Neurosurgical Unit (if the head or spine is injured) and finally, for those who get that far, to the long, arduous process of rehabilitation. It is not a pleasant experience the slide shows are extremely graphic and some participants have been known to faint. Participants go through in small groups, usually of four, although there are only three today. There is constant emphasis on "you" as in "These skull tongs are screwed into your head." Participants are not allowed to distance themselves from what they are seeing.

"The program is set up so that participants can't hide in a large group," says Francescutti, who also added that he was the only one getting paid for running the program. It is his research project all other staff are volunteering their time and effort.

The day starts with death. After having filled out a questionnaire on their driving attitudes, habits and record, participants watch a slide show.

"All of these accidents are from around the city of Edmonton," says Leslie Henderson, an Emergency nurse. "All of the people you see are dead."

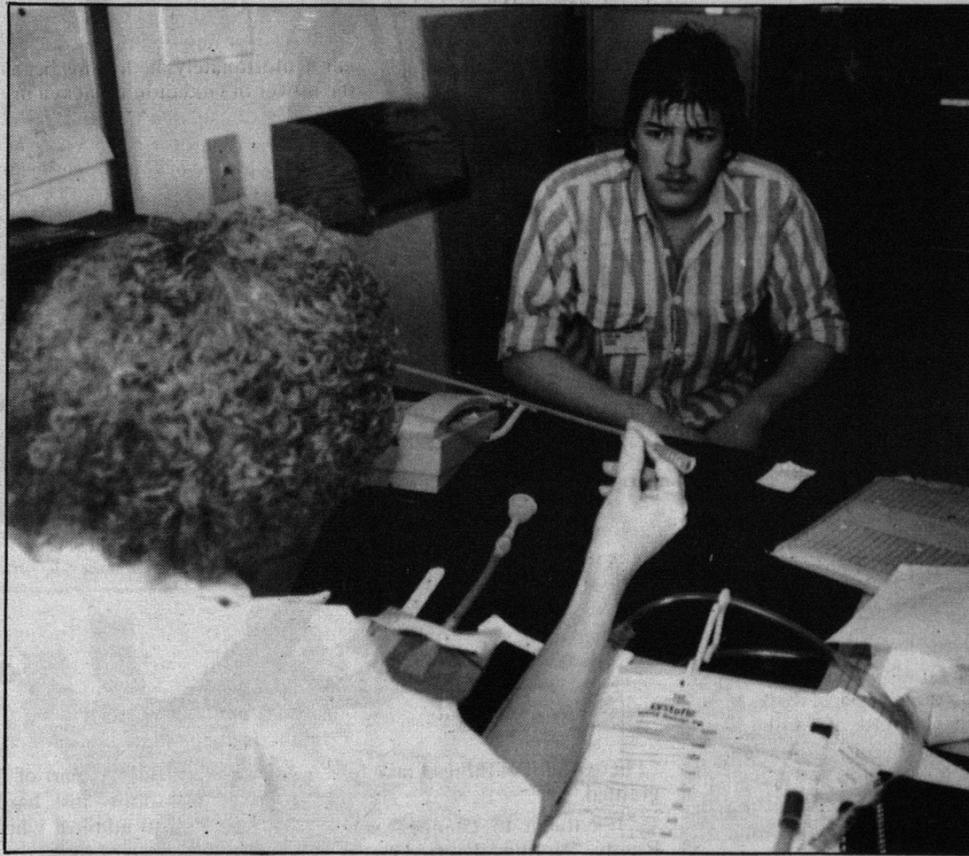
The slides start with a full view of an accident scene, then gradually zoom in on the body of the victim. Each accident scene is more gruesome than the previous ones. Throughout the presentation, the Emergency nurses, Leslie and Colleen, and Camille Hancock-Friesen, a U of A medical student, keep up a constant stream of comments and questions to the participants.

"Was he wearing a seatbelt?"  
"No. I don't think so."

## TAGGED FOR LIFE



The wreckage of a car accident is only the beginning for its unfortunate victims.



Wayne, convicted for impaired driving, receives his "Bowel and Bladder" instruction. A nurse shows him a catheter, which is used to remove urine from the bladder.

"Does anyone know the legal blood alcohol limit?"

"Does anyone know what can happen when you're paralyzed? You can stop breathing."

The images continue, this time showing the living. At the accident scene, paramedical treatment begins on the victims before they are removed from the vehicle. There is no privacy. Patients are immobilized with straps, collars and tape, breathing tubes are inserted if needed, fibrillators are used if the heart has stopped—all in full view of the crowds that collect at accident scenes. The paramedics

themselves are at risk from fire hazards, the possibility of explosions and from the danger of being crushed while trying to immobilize and remove the victims.

If the victim reaches the hospital alive, he or she is rushed into the trauma rooms in Emergency. Large I.V. lines are inserted so that lost body fluids may be quickly replaced. A blood sample is taken, usually from the groin. A catheter is inserted to check for kidney damage.

If the patient's neck is broken, skull tongs may be screwed into

the cranium and used to hold the head in place. If the heart has stopped beating and will not start with fibrillators, the Emergency staff may, as a last resort, open up the chest and pump the heart by hand. Few survive the procedure.

Slides depicting severe facial and limb injuries are shown some are so badly injured that it is not immediately obvious what body parts the pictures portray. One shows an ankle, completely shattered with bits of bone sticking out at odd angles.

"That's from a motorcycle

accident," says Leslie. "We see quite a few of those."

She stresses that no painkillers or 'freezings' can be given until head injury is ruled out and the extents of the injuries are known. The patient must be able to respond and describe "where it hurts."

"Can't you ask them to put you to sleep?" asks Dan, a 23 year old whose license was suspended for speeding and demerit total.

"No."

The slideshow concludes with four points:

- (1) Use seatbelts at all times.
- (2) Watch your speed.
- (3) Remember the innocent victims, and
- (4) Everyone deserves a chance to live.

Demonstrations of the Emergency equipment follow, with emphasis on how uncomfortable the stretchers, breathing tubes, catheters and I.V. lines are for a patient lying strapped to an unpadded stretcher in a cold trauma room. Some of the equipment is passed from hand to hand for us to examine. The nurses go over the paperwork required for each patient—including death certificates and morgue tags for those who don't make it. We are each handed a morgue toe tag shaped keychain with spaces for name, hospital and ward on one side and tips on how to avoid the real thing on the reverse. The keychain is the symbol of the program "Tagged for Life" instead of tagged for the morgue.

On our way to the Emergency trauma area, Leslie points out a small room. "This," she says, "is where your family and friends will wait while we're working on keeping you alive."

We are given a quick tour of the ambulance area and trauma room, both of which are empty at the time.

("You should see it on a Friday night.")

The nurses go over the equipment, including the x-ray machine, and discuss how physically and emotionally exhausting their job is sometimes. Head injured patients can come in "combative," very strong and difficult to hold down. Sometimes the nurses have to scream themselves hoarse just to get through to a patient that they have to lie still.

In Neurosurgery, Barbara Harvey, the manager of the neurosurgery intensive care unit, quietly goes over the possible results of head and spinal column injuries.

"You are going to make the decision for yourself on how you're going to drive," she says. "I'm just going to tell you what some of the consequences are."

She picks up the plastic model brain in front of her and explains what happens to the real thing if the head is injured in an accident.

The human brain has the consistency of "a bowl of jelly" and is easily damaged when it shakes and hits the hardness of the skull. Blood vessels can tear and the resulting clot can exert pressure on the brain, impairing its function and perhaps damaging it further. In addition, the bruising of the

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