EDITORS' NOTE

Remember Empathy

You have probably noticed that our latest issues have been slightly “fatter” than previous issues. Submissions to *Wilderness & Environmental Medicine* have continued to rise, and the quality of submissions has risen as well. Elsevier, our publisher, has graciously agreed to expand our page number from 100 to 125 pages per issue. This will allow our increasing volume of manuscripts to be published in a more timely manner. We thank Elsevier for their partnership and support of our journal and authors.

In this issue we publish another article in the Wilderness Medical Society Practice Guidelines Series: the Treatment of Acute Pain in Remote Environments. Pain is often under-recognized and under-treated by providers in most settings. In the wilderness environment, we may be more likely to fail to administer adequate pain management because we are practicing with minimal equipment and limited medications. The WMS Pain Guidelines introduces a pain management “pyramid” in which the provider should proceed in a stepwise fashion with the skills, equipment, and medications available.

The Pain Guidelines also remind us that pain management should begin with basics that are in any backcountry group or medical kit: comfort care, protection of the injured body part, rest, cold therapy as appropriate, and elevation.

These concepts were exemplified on February 15, 2012, when Mike Moyer, a member of Teton Search and Rescue, boarded a helicopter to search for a snowmobiler who was seriously injured or possibly dead. While hovering in search of a landing zone, the helicopter lost power and crashed. Mike’s search and rescue (SAR) partner eventually succumbed to traumatic injuries and died. The pilot survived and was subsequently treated for serious injuries.

Mike sustained a knee fracture and ligamentous injuries during the crash. He describes the near-impossible task of trying to care for himself and his companions while summoning rescuers. Mike tells us that he should have splinted his leg before trying to care for others, as the splint would have reduced his pain significantly during the ensuing scene.

In his own words, “In my experience as a paramedic with SAR and Fire/EMS, I’ve found that people who are hurt in challenging circumstances often are able to hold it together and deal with the pain until help arrives. At that time they are able to let down their guard and the pain is more noticeable. That was my experience as well. As long as I was busy, the pain wasn’t as bad.”

Mike also said that the most important part of his care was the first words spoken by his rescuers, “What do you need, Moyer?” Compassion is often forgotten in the chaos of a rescue scene or a busy hospital environment, and can be the most potent pain reliever in the backcountry when few “real” pain medications are available. As Mike says, “Over the next couple hours as we were evacuated and transported by EMS, it was simply people looking me in the eye and putting a hand on my shoulder and saying ‘We’ve got yah’ that did as much for me as the IV pain meds that I soon received. I knew we were going to be ok.”

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