

**First Meeting of an Ad Hoc
International Liaison Committee for CPR**

**Sunday 22nd November 1992
Old Ship Hotel, Brighton, England**

Present: D Chamberlain (Chairman), N Abramson, P Baskett, L Bossaert, R Cummins, W Dick, K Ghezzi, S Holmberg, I Jacobs (representing G Harrison), W Kaye, W Kloeck, W Montgomery, W Thies.

1. Views on the New AHA/ERC Guidelines for CPR

- 1.1 Richard Cummins reviewed the consensus process that was adopted by the AHA, before and after the National Conference in Dallas, February 1992, that formed the basis of the AHA Guidelines as published in JAMA. Stig Holmberg and Douglas Chamberlain reviewed the consensus process used by the ERC as a basis for the ERC Guidelines as published in Resuscitation.
- 1.2 It became clear from the discussion that these two sets of guidelines were based on the same common science. They differed because the disparate requirements of their respective areas of interest had led - perhaps inevitably - to variations in approach, in presentation, in emphasis, and in recommendations for implementation. In matters of substance there were neither disagreements nor contradictions.
- 1.3 Unfortunately, even superficial differences may be perceived by the medical community as indicative of conflict, and should therefore be avoided as far as possible in future guidelines.
- 1.4 It was agreed that an editorial will be written by the international group, to be published in major journals, highlighting the resemblances between both guidelines and also the initiatives taken to work towards universal guidelines. This editorial should be prepared and published as soon as possible.

2. The Position of the AHA in Europe

- 2.1 Recently, the AHA has been asked to organise and support educational initiatives on ALS and PLS in some European countries (e.g. Hungary, Romania). The usual policy of the AHA is to support this kind of initiatives only if the primary objective is to support the installation of local self-supporting structures. No conflict with the ERC activities was perceived by the ERC representatives. It was agreed that when preparing an activity in a European country, the AHA will emphasise the role of the ERC and the ERC guidelines, and will foster collaboration with ERC.

3. Standing International Liaison Committee for CPR.

- 3.1 At the National Conference on CPR in Dallas, February 1992, there was consensus in favour of creating an International Liaison Committee, with the objectives of maintaining good relations between the major Resuscitations Groups, of sharing the science of resuscitation, and of working towards the goal of common international guidelines for basic and advanced life support.
- 3.2 After discussion, these objectives were endorsed. Those present at the meeting believed that common guidelines for basic life support were a realistic objective for the next review. Common guidelines for advanced cardiac life support may present more difficulty because of different fashions in details of drug therapy and differences in drug availability between countries or continents. Nevertheless a common core should be readily attainable, and an identical method of presentation would emphasise similarities. Minor differences would then be seen to be inconsequential.
- 3.3 The preparation of common guidelines should be a continuing process that could start very soon. Major conferences for reviewing may become redundant, and meetings may be directed more at reviewing the science underlying new recommendations and discussing issues of implementation.
- 3.4 The ad hoc committee agreed that the structure of the officially constituted International Liaison Committee for CPR should have a limited number of members, representing the most active multidisciplinary scientific groups. Nominations for individual membership should be based on their scientific merit rather than on political considerations.
- 3.5 The recommendation was made that the maximum number of members should not exceed 16. The following constitution was suggested:-
- AHA: 5 representatives
 - ERC: 5 representatives
 - Canadian Heart & Stroke Foundation: 1 representative
 - South African R C: 1 representative (up to 2 for Southern Africa)
 - Australian R C: 1 representative (or 2 if New Zealand were to be included)
- 3.5 It was also agreed that the detailed work of the International Liaison Committee for CPR could be done by working groups whose members need not necessarily be on the main liaison committee. Nominations for working groups would be based on expertise in the topic under consideration, with some consideration for appropriate representation of the constituent bodies of the international group.
- 3.6 It was suggested that the term of office of the individual members should be 4 years. The activities of the International Liaison Committee for CPR should be coordinated by a chairman and a chairman-elect. The chairman-elect would also serve as the secretary. The term of office of chairman and chairman-elect will be 4 years, with overlapping period of 2 years.

- 3.7 The ad hoc committee anticipated that the first chairman will serve for only 2 years (1993-1995); the first chairman-elect will become the chairman in 1995 (1995-1999); the next chairman-elect would be elected in 1995. The chairman and chairman-elect will be elected at the first official meeting.

5. Funding

- 5.1 Funding will initially mainly be needed to cover travel expenses. Application for at least part of the funding may go to WHO to emphasise the international and global responsibility of the new committee.

6. First Official Meeting

- 6.1 Further details of the organisation of the International Liaison Committee for CPR will be discussed at the first official meeting. It is hoped that the first official meeting of the International Liaison Committee for CPR will be in Vienna (in conjunction with the Symposium "Update in Sudden Cardiac Death") subject to ratification of the decisions of the ad hoc group by the parent organisations that were represented.
- 6.2 A provisional date was set for Sunday 28 March 1993. Members of the ad hoc committee would continue their liaison by fax and telephone in the meantime.

