

Co-chair speech: “The scientific basis of the system of disaster liquidation will be - “New NATO” the theory of Georgian Critical Care Medicine Institute "Medicine with limited resources”

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Here are presented honorary professors chosen by the Institute of Georgian Critical Care Medicine. In particular, Academician Fridon Todua (Georgia, Tbilisi) and Professor Vladimir Kvetan (USA, New-York). They are elected because of their great contribution in the development of medical field.

Also it is indicated that since the 90 year frequency of global catastrophes has increased dramatically. Liquidation of such catastrophes can only be achieved by international cooperation. It is good that there are lots of examples of such cooperation, but the bad thing is that the results are disproportionate to the amount contributed by different states. NATO is presented as the most optimal example of such structure, as it is the most powerful organizational structure created by mankind.

Key Words: scientific, liquidation, theory, catastrophes.

Theoretic basis of twenty first century “New NATO” in “limited resources medicine”

Ladies and gentlemen,

Thank you for coming.

This fourth national conference and third international symposium is announced to be opened with your permission. And I want to note that both, the conference and symposium are modest contribution in the grate developmental process, which is currently prevailing in the country and its scale is unprecedented in the history of world, because to date, none of the state for any period have imposed such developmental process during the occupation of 2/3 territories and with displaced persons more than half million.

I want to inform you that our work is being transmited through the internet and it attracts interests of the specialists from different countries. Also we will have internet connections with different countries and thus we can listen to some other reports.

You can see that members of Georgian parliament and government are participating within the work of the conference. I wish to thank them for respect. Especially I would like to thank our foreign

guests participating in the work of third international symposium. I want to confirm that each of them is key specialist of critical medicine in his country and has contributed great merit in development of the issue. Our special thank is expressed to the heads of World Federation of Critical Care Medicine and European Society of Critical Care. The representatives of the organization are also participating in the symposium. Herewith I will somehow pass ahead of occurrences and approve the official promises of the heads of the above referred organizations, Professor Phil Teylor and Professor Rodes Andreev regarding the affiliation of Georgian Association of Catastrophes and Critical Condition within the organization at closer congresses. I want to inform you that our work is being translated through internet and it attracts interests of the specialists from different countries. Also we will have internet connections with different countries and thus we can listen to some other reports.

And now I'll permit myself not to disrupt the tradition of resent years and present to you new names of respected professors of Georgian critical care medicine. But before I want to remind that the mentioned title was awarded to the president of New York Medical – Pharmaceutical Company “Bionova”, Michael Danielov for his complete works in nanotechnology medicine, to the Ephrend Shindler professor of medical university of Bonn for his works in Anesthesiological provision of cardio surgical operations in children age, to the professor of Medical University of Cairo Yahia Khater for his works in liver transplantation, to the professor of Medical University of Tokyo Chieko Mitaka for her works in sepsis diagnostics and treatment and to the Chairmen of academician council of Georgian critical care medicine, academician Nodar Gogebashvili for his pioneering works in immunology of tuberculosis. This year for this rank was elected



The director of Georgian clinical medicine and scientific researching institute, The Vice – Speaker of Georgian Parliament, vice-president of Georgian scientific Academy, academician Fridon Todua for his fundamental works in Medical Radiology. The work of Fridon Todua can be assessed by the words of German writer Arthur Leist, which he used for the characteristic of Georgian writer and public figure Ilia Chavchavadze, “take away Ilia from Georgia and you will have only gap, which nobody can fill for a long time”. No one can ever fill those traces which Fridon Todua has left in Georgian Medicine.



And to Vladimir Kvetan, M.D. Director, Jay B. Langer Critical Care System Montefiore Medical Centre Director, Division of Critical Care Medicine Department of Medicine, Professor of Anesthesiology and Critical Medicine, Associate Professor of Surgery Albert Einstein College of Medicine of Yeshiva University for his works in Global Catastrophes. Vladimir Kvetan is most prominent figure of USA Critical Medicine’s second generation. He is a pioneer in the creation of such field of critical medicine as, critical medicine during wars, global catastrophes and etc. In this regard it is important to mention that he, Major-general of USA medical service, lead directly solving of medical problems during military operations and catastrophes. Also should be mentioned his invaluable contribution in the critical medicines civil service for the introduction of ultra modern methods.

It should be noted, that Vladimir Kvetan was elected to this title last year, but as he was able to attend Tbilisi’s symposium only this year, he will be awarded by the certificate now. Ladies and gentleman, the duration of Tbilisi third National symposium shows that aspiration of Georgia for formation of critical care medicine was correct and justified.

The mentioned fact will serve as great recognition of the work of Georgian Critical Medicine Centre and this will support the aspiration of Georgia for development of critical medicine service.

Aspiration of Georgia for development of critical medicine service began in 1983 year, when within the scientific dissertation “Features of Immune Status during Critical Conditions” the term “Critical Conditions” was used for the first time. It also should be noted that, at the mentioned period, in Georgia contiguous specialty named anesthesiology was already functioning – resuscitation developed on the basis of the order of USSR Health Minister in the seventies century. The referred specialty currently is functioning under the same name. The following step made for the development of critical medicine is related to 1988 year when the Georgian Association of Catastrophes and Critical Conditions was formed. Within the former USSR this was the first professional association of doctors. The members of the association have carried the problems of medical support of Spitak and Racha – Lechkhumi earthquakes, tragedy of Tbilisi’s “Ninth April” and wars for Independence of Georgia on their shoulders. Afterwards the events have developed in the following ways:

#	year	Events
1	1983	The term „Critical Condition” was used for the first time in the dissertation “ Features of immune status changes during critical condition” Z.Kheladze
2	1988	The Georgian Association of Catastrophes and Critical Conditions was formed.
3	1992	International Centre of Catastrophes and Critical Conditions of Georgia was formed; in 1994 year the centre turned into Critical Medicine Institute of Georgia.
4	1996	Developed residency program in critical medicine and regular studies for doctors were managed by the program
5	1999	Certification system for doctors in the sphere of critical medicine was elaborated.
6	2001	certification system for doctors in the sphere of critical medicine was elaborated
7	2001	In the doctors specialty list adopted by the Ministry of Labor, Health and Social Care of Georgia the critical medicine was listed as the independent sphere and the same happens today.
8	2001	the Presidential Order No: 100 on “fatal Criteria of Human Brain” was published;
9	1997-2001	Georgian parliament has adopted the Law on “Health Care” and “critical conditions” within it is given as the separate part.

10	2002	certification system for doctors in the sphere of critical medicine was elaborated
11	2003	The chart for perspective development of Georgian critical medicine and Georgian critical medicine development ten years program were adopted. Department of Critical Medicine was formed at the base of Tbilisi State Medical Institute and the studies within the sphere of critical medicine were initiated.
12	2003	according to the Order N: 210/m of Minister of Labor, Health and Social Care of Georgia about “Development of Critical Medicine in Georgia” the critical medicine was recognized as the privileged tendency of Georgian health care
13	2003	There was approved the perspective developmental map and the ten-year developmental program for Georgian critical care medicine
14	2007	the manual of Critical care medicine was published in Georgian

It should be underlined that this exceptionally great labor-consuming work through which the organizational – juridical base for critical medicine service of Georgia was created and that in other countries is being developed by special services during tens years, Georgia managed to finish in relatively short period and without state financing. In such case all the difficulties of the work was directed to the organization being beyond the state agencies - Institute of Critical Medicine of Georgia. Also it should be noted that theoretical and practical aspects of the work were calculated and outgoing regulation for the mentioned was the poor resources of Georgia. Envisaging the above mentioned corresponding theory was adopted. The certain fragments of the theory are given within the works published by the Critical Medicine Institute of Georgia and is known under the name of “Medicine at the time of limited resources”.

Table №2: the works which includes theoretic basics of “Medicine at the time of limited resources”

#	author	The title	Date of publication	Place of publication	Number of pages
1	Zurab Kheladze	State standards in Critical care medicine and anesthesiology	1996	Tbilisi	Temporary state standards of outpatient and inpatient treatment of 1996y, volume III 1336-

					11409
2	Zurab Kheladze	Certification requirements in specialty “Critical care medicine”	2000	Tbilisi	p 279
3	Zurab Kheladze	State standards in Critical care medicine and anesthesiology	2001	Tbilisi	Temporary state standards of outpatient and inpatient treatment of 2001y, volume III -p1461
4	I.Gamkrelidze and others	Legislation in health care	2002	Tbilisi	p315
5	Zurab Kheladze	The basics of development of Critical care medicine for Georgia for 2003-2007yaers	2003	Tbilisi	p157
6	Zurab Kheladze	Critical care medicine service in Georgia – past, present and future	2005	Tbilisi	13-21
7	Zurab Kheladze	Critical care medicine (Manual book)	2007	Tbilisi	614gv
8	Z. Kheladze and others	Critical Care Medicine with limited resources	2007 #3	Critical Care and Catastrophe Medicine Tbilisi	83-89pp
9	Z. Kheladze and others	„Georgian exclusive model for Critical care medicine”	2010 #6	Critical Care and Catastrophe Medicine Tbilisi	3-6pp

Based on all the above mentioned the original model of Critical Medicine Service was formed at the Critical Medicine Institute of Georgia. The details of the model were presented at Tbilisi second international symposium.

Table #3 the characteristics of the Georgian model. The model of Georgian Critical care medicine

#	Characteristics
1	Other title
2	Mono-disciplinary specialty
3	Separating pre-hospital and hospital stages

4	Liberal treatment standards
5	Funding treatment process by bed- a day
6	A three-year residency
7	Simplification of licensing requirements for medical facility
8	The stages of the certification exams
9	Think the anesthesiology – resuscitation (care) as neighboring specialty
10	Other title
11	Emphasize treatment of the condition and do not on care
12	Action area of expansion of Critical care medicine to allocate the form of the stage of relative lack of vital functions

It is significant that in 2002-2011 years the mentioned model of the critical medicine has been tested at the Critical Medicine Institute of Georgia and these results are shown in table #4.

Table #4 the approbation model results of Georgia

#	Sign	The result
1	Duration of approbation	2002-2011y
2	Number of patients	3516
3	Number of bed days	37704
4	Age of patients	60<37%, 60>83%
5	The most common critical condition	Stroke-28.7%
6	Estimated cost of treatment in Georgia	1.3×10^6 \$
7	Estimated cost of treatment in the USA	17.9×10^6 \$
8	Estimated cost of treatment in other UE countries	8.9×10^6 \$
9	Mortality	33.2%

Thus, if we will make test analysis of the critical medicine service model presented by the Critical Medicine Institute of Georgia, one can consider that it is an optimal model of critical medicine service for developed countries. As you know in these countries, from our planets 7 billion population lives more than 5 billion people. They suffer from sharp deficit of resources and their majority does not have the critical medicine service.

This model may also be significant for developed countries. Such countries have many resources, but in such case the problem is in need of economic expenditure of resources that can be easily solved by the use of the model.

Application of the model during the global catastrophes should also have optimal results. Except the interstate wars and struggles between classes, history of humanity also includes the history of catastrophes. There is consideration that three civilizations existed before our reality, were fallen as the results of catastrophes and our fourth civilization is also being threatened by catastrophe.

Moreover, in accordance with rough calculations ten times more humans were deceased at the results of catastrophes than by any other reason including wars.

Catastrophes of Spitak, Chernobyl, Indonesia, Haiti, Chile and Japan have shown that liquidation of global catastrophes without international cooperation is impossible.

Examples of such cooperation existence is good, but unfortunately in comparison with results the sums allocated by different states for the mentioned purposes is disproportionately large. The impression is made that the process of catastrophe liquidation is like the work process of orchestra conducted by one bandmaster and each member of it plays different parts and rarely has rehearsals. The most important is the necessity of formation of united anti-catastrophe and permanent service at our planet and this should be accomplished in twenty first century. Necessity for solving the above mentioned problem was mentioned at First International Symposium held in Tbilisi in 1991 year and at World Congress of Technologic Catastrophes of Rome in 1992 year, during our affiliation at USA State Department in 1992 year and during the discussions of health care services reform in USA, in 2009-2010 years.

To: Nancy-Ann De Parle – Director at The White House Office of Health Reform and Counselor to the President at The White House.

Dear Nancy-Ann De Parle

I've received your invitation to submit a proposal on my opinion about Health Care reforms. It is a great honor for me to have this opportunity to share my opinion with you. I looked through my records made after President's meetings with doctors on five October and once again I got assured that the Health care systems problems faced by U.S. and Georgia are the same, moreover these problems are identical for other countries as well, bearing a message that Health care reforms should be carried out in every country worldwide. For 17 years I practiced medicine under socialism laws, 4 years under no law – while overcoming transient social turbulence and 13 years under capitalism laws. During my medical practice I acquired knowledge about other countries Health Care systems. This knowledge shows that the main problem of health care service in every country is closely correlated with fragility and weakness of the management systems. These management systems have become out of date and all they do now is hinder the work of health care service. Health care similar to education is a conservative field of human activity and putting into practice any kind of voluntary decision may cause failure of the existing system. Whereas this existing system might be really bad, the experience shows that it is better to manage the system under poor laws than under no

law at all. Thus, any change within health care system shall be preceded by significant work on it. Taking into account the above mentioned, it might be better to independently create a few models of reforms and then, after coupling them compatibility and applicability shall be proved by being tested in practice in one or several regions of the country, and only after testing them the best version shall be chosen to be implemented all over the country. According to this experience out of the four sides participating in this process: a citizen, a physician, an insurer and a state, tremendous attention should be paid to the factors serving the interests of citizens and physicians, while the roles and interests of other sides should not be reduced or forgotten. The basis of such model shall become the availability of internationally recognized minimum requirements for every citizen and the social minimum ought to be guaranteed to every citizen – so that they are able to earn the money to pay for these minimum requirements for themselves and for their families. End in the end, human life is what we do value most, it is the most precious thing and every effort to retain and prolong people's life should be perceived with gratitude by every citizen of every country, and that sense of gratitude would further unite them. Thus, health care service reform is similarly significant for other nations as well and I am sure they will keep close watch on the reform implementation process.

With best regards, Zurab Kheladze – Director. Academician

Formation of rescue and medical services should serve as the main way for problem solving; also the structures for the prognosis of catastrophe and executive structures are necessary for global catastrophe prevention and liquidation. It is desirable that in all regions and countries such services have similar material-technical base and same activity standards. During the period between catastrophes the services of catastrophe medicine should also act as the emergency and critical medicine services, but at the time of immediate catastrophe they have to be busy by liquidation of catastrophe.

Table #6. The main characteristics of the international system of catastrophe prevention.

#	Signs
1	Basic services: Rescue service Catastrophe medicine service Catastrophe detection service Catastrophe prevention service
2	Catastrophe medicine service
3	Accommodation principle: Regional centers

4	Unified organizational structure
5	Unified material base
6	Unified management
7	Continuous-time service
8	In the period between the catastrophes The Catastrophe medicine should perform the role of emergency medicine
9	The rescue service should participate in the process of liquidation of the catastrophe process

By the mentioned point of the view the model with most optimal organization can be Northern Atlantic Treaty Organization. Despite the inclusion of anti-catastrophe service within the structure of "NATO" or its independence, up to date in all cases it should have to study and share the great experience of most powerful organization created by the humanity. Maybe it looks like a utopia, but why the struggle against catastrophes should not become as the priority for human care if it can serve for life saving that is most valuable for him. In any event nowadays this is more enforceable idea than in due time the attraction of world's interest towards the works of Georgian Critical Medicine Institute. If we will envisage that at the virtual space of internet within the field of world critical medicine the highest rate belongs to the Critical Medicine Institute of Georgia then we should consider that this interest have really taken place. The mentioned fact is unprecedented not only in Georgian but also in the world's history of medicine.

Photo #7. The work of first pages of Google web server in 2010-2011 years

Web Images Videos Maps News Shopping Gmail more ▼ kheladze@gmail.com | Web History | Settings ▼ | Sign out

Google

critical care medicine institute Search Instant is on ▼

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www.ccmi.edu.ge/dokumentacia/.sia/zviad%20kheladze%20eng.pdf

Publisher - Critical Care Medicine
 The Journal represents **Critical Care Medicine Institute** (Georgia), Georgian Association of Disaster and Critical Care Medicine. The editorial Board of The ...
www.kheladze.ge/gamomcemloba_en.htm - Cached - Similar

Critical Care Medicine
 Distinctives of medical assistance for the old-aged critical patients / Kheladze Z., Lobjanidze L., Kheladze Zv. (**The Critical Care Medicine Institute**. ...
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Royal College of Anaesthetists
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Home - Division of Pulmonary, Allergy, Critical Care & Sleep Medicine
 Seventeen Pulmonary, **Critical Care** and Sleep **Medicine** physicians were listed. ... 201 Davis Heart & Lung Research **Institute** 473 West 12th Avenue ...
www.internalmedicine.osu.edu/pulmonary/ - Cached - Similar

Critical Care Institute | The American College of Chest Physicians
 Contemporary Reviews in **Critical Care Medicine** - CHEST Collection ... Palliative care, as described by the **Institute of Medicine**, "seeks to prevent, ...
www.chestnet.org/accp/topics/Critical%20Care%20Institute - Cached - Similar

Editorial Board: Critical Care Medicine
 The **Institute of Critical Care Medicine**, Palm Springs Clinical Professor, USC and Northwestern University **Medical School**, Book Review Editor ...
journals.lww.com/ccmjournals/pages/editorialboard.aspx - Similar

Lung Summit: Innovations in Pulmonary and Critical Care Medicine ...
 The Cleveland Clinic Center for Continuing Education and the Respiratory **Institute** presents Lung Summit: Innovations in Pulmonary & **Critical Care Medicine**. ...
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Thank you for your attention and accept apologies if I got you tired.

თავმჯდომარის სიტყვა: “კატასტროფების საწინააღმდეგო საერთაშორისო სისტემის “ახალი NATO” -ს შექმნის შემთხვევაში მეცნიერულ საფუძველად საქართველოს კრიტიკული მედიცინის ინსტიტუტის თეორია “მედიცინა შეზღუდული რესურსების დროს” შეიძლება იქნას გამოყენებული.

ზ.ხელაძე, ზგ.ხელაძე (თბილისი, საქართველო)

წარმოდგენილია საქართველოს კრიტიკული მედიცინის ინსტიტუტის მიერ არჩეული საპატიო პროფესორები, სახელდობრ აკადემიკოსი ფრიდონ თოდუა (საქართველო, თბილისი) და პროფესორი ვლადიმერ კვეტანი (აშშ, ნიუ-იორკი). ისინი ამ წოდებაში არჩეულნი არიან მედიცინის განვითარების საქმეში შეტანილი უაღრესად დიდი წვლილის გამო.

ამავდროულად მითითებულია, რომ გასული საუკუნის 90 წლებიდან მოყოლებული გლობალური კატასტროფების სიხშირემ მკვეთრად იმატა. ამგვარი კატასტროფების ლიკვიდაცია კი შესაძლებელია მხოლოდ საერთაშორისო თანამშრომლობის მეშვეობით. კარგია, რომ ამგვარი თანამშრომლობის მაგალითი დღეს მრავლად არსებობს, მაგრამ ცუდია ის, რომ შედეგები სხვადასხვა სახელმწიფოს მიერ გაღებულ თანხებთან შედარებით არაპროპორციულია. გამოთქმულია მოსაზრება ჩვენს პლანეტაზე მუდმივად მოქმედი კატასტროფათა საწინააღმდეგო სამსახურის შექმნის შესახებ. ამგვარი სამსახურის ორგანიზების სტრუქტურის ყველაზე ოპტიმალურ მაგალითად მოყვანილია “NATO”, როგორც კაცობრიობის მიერ შექმნილი ყველაზე მძლავრი ორგანიზაციული სტრუქტურა.

გასაღები სიტყვები: მეცნიერული, ლიკვიდაცია, თეორია, კატასტროფები.