

Aesthetic medicine and basic life support: should it be a mandatory training?

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Key words: BLS, resuscitation, training

To the Editor,

Time-dependent diseases are highly significant diseases that can lead to the death of patients in a short time, or leave major sequelae, which is why hub and spoke hospital networks for time-dependent diseases have developed¹.

However, actions by bystanders such as early recognition and first aid are crucial to increase the probability of patient survival². One of the most relevant pathologies is cardio-circulatory arrest, which can lead to the death of the patient if resuscitative maneuvers are not practiced quickly² by bystanders and if early defibrillation does not occur. The incidence of cardio-circulatory arrest is about 1 per 1000 inhabitants³. Most of these events occur at home but can also occur at medical practices³. In these cases, the prompt reaction of the health professionals attending the scene is necessary to reduce post-cardiac arrest mortality.

Despite the clinical relevance of cardiac massage and early defibrillation, current legislation in Italy considers the training of only certain categories of workers to be mandatory^{2,4}. The preparation of physicians for the management of cardiac arrest remains a relevant issue in terms of mandatory training in other areas of medicine as well⁵.

Italian legislation currently excludes training obligations of outpatient physicians. However, after drug treatments are administered, patients may experience major clinical emergencies, such as anaphylactic reactions in which incorrect management according to

standardized emergency management protocols may lead to cardiac arrest⁶.

This situation may have an even greater impact in an outpatient medical clinic, where the physician performs invasive and clinically relevant procedures, leading the patient to a state of emergency. This situation can be burdensome for the patient and even lead to cardiac arrest, which is why BLS² and ACLS⁶ training can have a major impact on patient survival and practitioner safety.

Unfortunately, in Italy there is a lack of epidemiological studies that can show the relevance of the problem, as in other areas⁵ and studies that can show the number of AEDs trained to manage this type of algorithm with certification. In any case, the legislation remains deficient and differs in the different regions; in fact, the accreditation criteria are clear about the presence of emergency management equipment such as AEDs, but less stringent regarding the type of training and qualification that an aesthetic doctor must have in their practice.

Moreover, in the training courses qualifying the profession of medical aestheticians, there are no specific training courses for the management of medical emergencies in the core curriculum.

Given the relevance of the issue, it is desirable discussing this topic with the scientific societies in the Italian scene, undertaking these research paths to understand the functionality of training schools for aesthetic medicine.

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Received: 30 January 2024

Accepted: 25 July 2024

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