

Medical aid to the population stems from a long French tradition of caring for native populations. It has evolved through the various deployments in modern conflicts and is now based on well-defined principles. It is diplomatically important, as it allows the acceptance of the Force by the population. It is governed by military and strategic, legal but also ethical rules.

The experience of the surgical assistance offered at the operational base in Gao has highlighted the limits that each surgeon has had to impose on himself to ensure the sustainability of this care.

It was necessary to consider the local environment, to learn and adapt to socio-cultural norms, and to assess the needs of the population. Very costly in terms of human and material resources, it was necessary to define the care that could be offered.

Confronted by a very large request for care, and the virtual absence of local health structures, not everything can be done, nor should it be done.

Throughout his mandate, the military surgeon must consider the operational mission which takes precedence, and the humanitarian side. The principle of beneficence is at the heart of the medical reflection.

The transmission of knowledge is essential for sustainability. The basic principles are taught to junior surgeons during specific theoretical courses, and practical training alongside an experienced surgeon.

The main idea is that this surgical aid should be beneficial to the greatest number and be sustainable, without compromising the operational mission or giving false hope to the local population.

8

BILATERAL ENGAGEMENT THROUGH SIM TRAINING

Maj (Reserve) Dr. medic Amelie Oberst, MD. *Military Hospital Ulm; Oberer Eselsberg 40; 89081 Ulm; Germany*

10.1136/military-2023-maliabstracts.8

During the current UN operation, the German team of Role 1 and the long-range reconnaissance group of the UK armed forces engaged in binational trauma simulation training.

The simulation was led and designed by a team of British, consisting of two senior anaesthesiologists and one senior surgeon.

The scenario was a 25-year-old unresponsive soldier with multiple gunshot wounds and a blocked airway, in a hemodynamically unstable condition. Following a structured trauma approach, the team established a surgical airway, a chest tube, a central venous line, and surgical bleeding control.

Besides the classical advantages of simulation training, our exercise provided a better understanding of different approaches and the difference in national protocols, enhanced collaboration between single participants, as well as new impulses for daily work.

This simulation training proofed that such a cooperation is supported by a common language, international algorithms, guidelines, as well as a general understanding of crew resource management. Such structures allow international teams to reach a shared goal more quickly and, therefore should be encouraged.