

# A report from Libya of a young Italian emergency physician. What I learned and what I was forgetting

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Dear Editor,

Every emergency medicine resident enjoys facing new clinical cases, learning new invasive procedures, and acting like a detective when it comes to mysterious illnesses. Simulations are essential to train non-technical skills during university education, even though someone could believe that they are a waste of time.<sup>1,2</sup> Although all these technical skills are essential to our training, our work goes beyond that. Sometimes we believe that we are superheroes, as we were called during the COVID-19 pandemic. The truth is that we learn every day from the patients and their stories because we treat sick people and not their diseases.<sup>3,4</sup> The ability to communicate correctly with patients, relatives, and

caregivers is mandatory for all emergency physicians, both resident and senior, and needs to be taught and learned.<sup>5,6</sup> If we add the cultural background and the chance to work outside Western countries, then we can learn to work for the patient and not on the patient.

This is what happened to me as an Italian emergency medicine physician departing for Libya on the morning of September 22<sup>nd</sup>. The rules of engagement of the Civil Protection were to provide MedEvac assistance to the technical personnel operating in Derna and to the civilians affected by the flood. The medical personnel requested by the Civil Protection would have operated in support of the Italian Navy Forces on the San Giorgio ship. The group of healthcare workers who left Italy consisted of an anesthesiologist, two emergency medicine specialists, and two emergency nurses from the air ambulance service qualified for water flights (Figure 1). The storm that hit Libya, identified as a Mediterranean hurricane, brought more than 400 mm of rain to the north-eastern coast of the state in less than 24 hours. Two dams and multiple bridges on the Wadi Derna River were destroyed as a result of the catastrophic weather event, and a wave of mud and water struck the city of Derna, sweeping away a significant portion of the town (Figures 2 and 3). The United Nations reports that over 10,000 people are still unaccounted for.

Driving along the road from the airport to Derna, the fields gradually turned into reddish-rust lakes. As we got closer to the city, the traffic gradually began to slow. I still remember one of the bridges near Derna being completely swept away. Not too far away, drivers and passengers in every car were receiving masks from soldiers at checkpoints. We quickly realized why: the smell of the dead in some parts of the city was impossible to describe, but not to forget. The stench filled the nostrils and prepared one for

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**Figure 1.** Sanitary Team involved in the mission in Libya.



**Figure 2.** Dams collapsed and released an estimated 30-40 million cubic meters of water, causing rapid flooding downstream.



**Figure 3.** One of the Derna's bridges destroyed.



**Figure 4.** Recovery of the dead bodies.

the extent of the damage caused by the flood. The line of the river opened up like an open wound. After being embarked on an Italian Navy ship, our activities commenced. A week after the disaster, all the Navy personnel was engaged daily in recovering the bodies washed away by the fury of the flood (Figure 4). At the time, the main focus was not on MedEvac operations, but on providing assistance to personnel who were performing one of the most important, but also most painful, task for the population. After spending so many days in the water, the bodies were unrecognizable. They were then brought to the port and placed in black plastic bags, where skilled hands carefully looked for any signs of identification. DNA samples were taken in case the dead bodies could be identified by surviving family members. The soldiers persevered in their work despite the pain, exhaustion, stench, and images with incredible bravery and determination. Every day we went out to sea in rubber dinghies, and every day we returned on board after hours of recovery. Many bodies were brought ashore.<sup>7,8</sup> A psychologist of the Navy force provided psychological support to the workers. In addition to providing medical assistance to the staff working on the recovery of bodies, we organized the ship corridors for sanitizing bodies and operators, and we helped run the onboard clinic. We organized simulations and debriefings with the technical staff of the helicopter to best set up the joint work and communications to determine the best way to set up collaborative work to maximize MedEvac operations. We transported personnel who were injured at work during the activities of recovering bodies, and on the return trip to Italy, we evacuated an army soldier suffering from a heart attack to the Hemodynamic Operating Unit in Taranto. The joint work between civilian healthcare personnel and the armed forces was extremely effective and efficient. It is evident how a single person's labor can become harmonious in a team if there is a shared objective, even in the face of variances in background and training.

A few weeks later, when I was back in Italy to my usual work routine, I reflected on this experience and revisited the COVID-19 pandemic, during which the word "resilience" was used many times, often inappropriately.<sup>9,10</sup> As defined by the American Psychological Association, resilience is the process and outcome of successfully adapting to challenging life experiences, especially through mental, emotional, and behavioral flexibility and adjustment to external and internal demands.<sup>11</sup> In my opinion, humanity - rather than resilience - is the foundation of our work.

During my short visit to Libya, I learned that emergency medicine is not resilience, but rather a beautiful and powerful blend of technical expertise and interpersonal skills, neither of which are taught in universities. I realized what I was missing because I was overwhelmed by my routine work: humanity and communication, the two basics of emergency medicine.

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