

Guest Editorial

The International Society for Mountain Medicine: Moving Forward

At the end of this mountaineering season, Jim Milledge, who successfully guided the International Society for Mountain Medicine (ISMM) for the past four years, will step down as president. Starting with the 2004 World Congress in Xining and Lhasa, Tibet, Jim's presidency was highlighted by the very successful 2007 World Congress in Aviemore, Scotland, a milestone in the history of our society. Aviemore was the first congress organized in conjunction with the Wilderness Medical Society, an international organization that merges and propagates the knowledge of physicians who deal with health issues caused by the environment. As Jim recognized, it is crucial for our society to maintain good relationships with our partners. I take this opportunity to thank Jim for his excellent work during his presidency, as I prepare to step into those shoes.

The ISMM was founded in 1985 by the medical commission of the Union Internationale des Associations d'Alpinisme (UIAA, or International Federation of Mountaineering and Climbing Clubs). These doctors, involved in mountain rescue in the Swiss and French Alps, took the initiative of exchanging experiences and joining together in the teaching and research of all aspects of mountain medicine. This purpose became an integral part of the originating statutes of the ISMM, which state the society's goal "to create an international organization of scientific character . . . and to encourage research, studies, discussion and publications concerning all medical aspects of mountains, mountains people and mountaineers." Guided by its executive committee, the ISMM moved forward and organized scientific meetings first in Europe and then in South America, Japan, and Tibet, as the society expanded its focus to cover all aspects of mountain medicine affecting people living at low and high altitudes around the world. In 2002, following the initiative of Peter Hackett, the executive committee of the ISMM decided to select *High Altitude Medicine & Biology* as its official journal, which underscores the society's scientific character. In order to meet its education responsibilities, the ISMM organized two international mountain courses on the initiative of Peter Bärtsch. The first was at the 2002 World Congress in the Pyrenees held in Barcelona, Spain, and the second was the 2005 World Congress held at the Bernina Pass in Switzerland.

Currently the society maintains a website <<http://www.ismmed.org/>>, managed by Tom Dietz, which hosts a dis-

ussion forum for its members to learn about recent medical cases. The publishing activity of the society is documented by two international consensus statements of ad hoc committees formed by active ISMM members published in *High Altitude Medicine & Biology*, the first entitled "Children at High Altitude" (Pollard et al., 2001) and the second "Consensus statement on chronic and subacute high altitude diseases" (Leon-Velarde et al., 2005). While the research activity of the society is limited and needs to be improved, the society has created a web-based register of cases of high altitude pulmonary edema, which should go online soon. All these activities clearly demonstrate that the society is moving forward with the ideas and initiatives of its founders.

To strengthen this process, when I become president I would like to work together with the ISMM executive committee to review structures of the society to create a solid foundation on which the ISMM can grow. I imagine that there is enough work for several committees: (1) a Congress Committee, responsible for coordinating the world congresses with local organizers and sharing with them program responsibilities; (2) a Research Committee, responsible for ISMM scientific projects and the scientific content of the world congresses; (3) an Education and Training Committee, responsible for international mountain medicine courses and publishing guidelines on the web and in our society's journal; and (4) a Communication Committee, responsible for the promotion of ISMM, the content of its website and newsletter, the management of its discussion forum, and being the point of contact with the ISMM membership and with national and international partner organizations.

During the past 30 years, the number of people who developed illnesses or were injured at high altitude increased significantly as a consequence of the increased popularity of mountaineering and trekking. This led to the remarkable development of professional helicopter-based rescue services, involving medical doctors, mountain guides, and rescue specialists. All of these professionals had a clear need for additional education and scientific meetings. As a consequence several national rescue organizations were founded. Contemporaneously, national societies for mountain medicine were also founded first in Europe and then all over the world. A major activity of these societies has been in passing on medical knowledge in native languages by means of newsletters and courses in mountain medicine (where at-

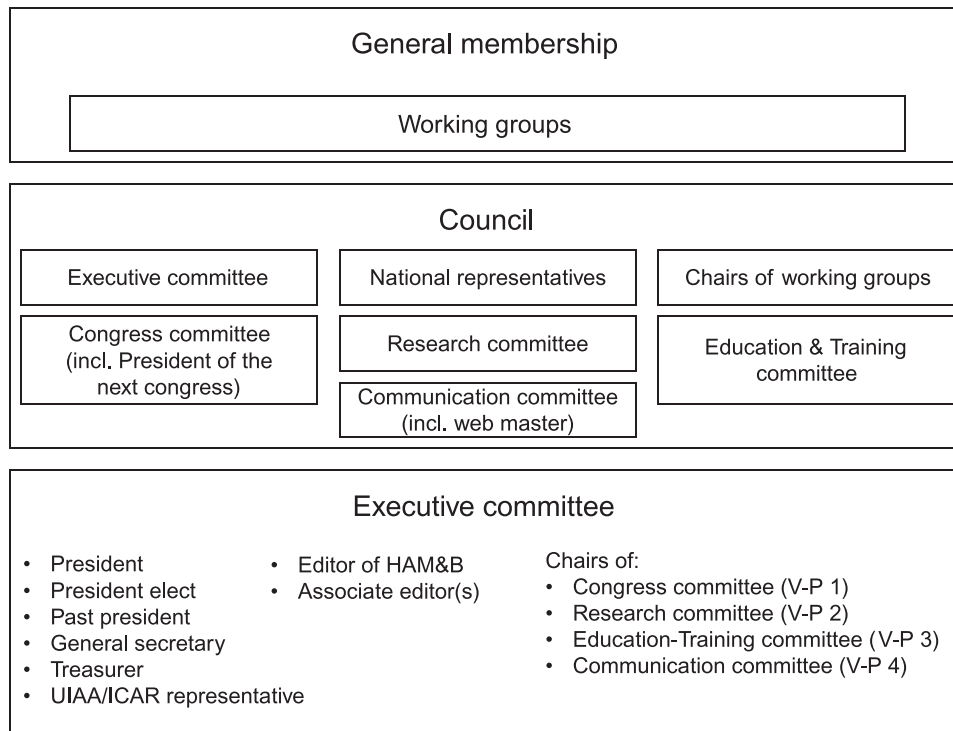


FIG. 1. This organization chart illustrates a possible future organization of the ISMM. This reorganization will be discussed during our next meetings and possibly voted on at the next general assembly in Arequipa, Peru, 2010. V-P 1–4, vice president 1–4.

tendees receive diplomas). Recently, several of these societies have applied for a candidature of the ISMM World Congress. At our last general assembly in Aviemore, many voiced the opinion that that ISMM needs to involve more countries in the executive committee or in some other forum. Herman Brugger, the ICAR/UIAA MedComs representative, also called for a closer collaboration between the societies.

These proposals clearly indicate that the ISMM needs to think about how its organization could be modified to meet requirements of all its members, particularly those residing in countries outside of Europe or the United States. In fact it is difficult to understand why China, Australia, or New Zealand are not currently represented on the executive committee, which does not conform to our statutes (Article 9). After the general assembly, a few ISMM members discussed the representation issue and agreed that something should be done to improve our image as a global organization. Expanding the size of the executive committee, which is currently made up by various officeholders (see Fig. 1), does not appear to be realistic. The creation of an ISMM “national representatives board” with country representatives or representatives of national medical societies for those countries who have one, could be an alternative. The members of the “national representative board” would act as representatives of the ISMM members in the individual countries. These board members would be elected—perhaps, for a 3-year term renewable only once—by the ISMM members of the nation they are representing. The “national representative board”

together with the executive committee would make up the ISMM “council” (Fig. 1), which would meet once a year. It is imaginable that chairs of ISMM working groups and committees would have ex-officio access to the council. The council would be responsible for the proposition of candidates for executive committee; the election of the members of the congress; research, education and training, and communication committees; and determine future meetings and the strategy of the society. As a counterpart, national representatives would be responsible for the representation of the ISMM within their countries and the recruitment of new ISMM members within their country. To increase ISMM membership is crucial for the reorganization and the future of the society.

In summary, the remarkable history of the ISMM, the growing scientific interest for hypoxia-induced physiologic and pathophysiologic alterations, emergency mountain medicine, and the need for continuous education in high altitude medicine all over the world, legitimizes the existence of a well-organized and global society. In the near future we will have several opportunities to discuss all these matters starting with the celebration of the 25th anniversary of research at the Regina Margherita hut in Varallo October 9–11, 2008, the 16th Hypoxia Symposium in Lake Louise March 10–15, 2009, and the 8th World Congress of our society in 2010 in Arequipa, Peru. It is my intention to finalize the reorganization proposal by 2010 in order to vote on changes to the ISMM statutes during the general assembly in Peru.

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