



Emergency Medicine – Need for a Speciality

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Introduction

Emergency medical care is progressively acquiring multifaceted dimensions. It has varied components like pre-hospital care, ambulance services, aero-ambulance and trauma centres and it has to encounter medical, surgical emergencies of diverse forms. Doctors functioning at the emergency department have to play the role of a physician, surgeon, anaesthetist, toxicologist, forensic expert, leader and effective administrator.

Historical Background

In 1954, Robert H. Kennedy described the emergency room attention as the weakest link in the chain of hospital care in most hospitals in the USA. As a consequence, in the fifties and sixties, emphasis was on emergency patient care. A national study was ordered and in 1960 a full time staffing of Emergency Department by career emergency physicians began in USA. In 1970, 1,15,000 deaths occurred per annum due to motor vehicular accidents. A retrospective study disclosed that 18% of these could be salvaged if expert emergency medical aid was available at site, during transportation and at the hospitals. In 1973, the Emergency Medical Services Systems (EMS) Act was established to improve these services. Presently, the Emergency Services are full

fledged with the pre-hospital care including Amulance Care and the hospital care offering expertise in all spheres of emergency care.

In UK, the first report on the state of Casualty Department was published in 1943. The National Health Services (NHS) was inaugurated in 1948. In 1962, the Platt Report recommended the Casualty services be called the Accident and Emergency Department. In 1971, on the joint Consultant Committee recommendation, a new speciality of Accident and Emergency Medicine was formed. The subsequent years have seen augmentation of the emergency care services and now a comprehensive, quality control emergency care services are in existence in the UK.

Present Scenario in India

In India, the emergency medical services have been a part of the hospital service. Emergency medicine is not recognised as a speciality and the physicians who work in emergency departments have yet to fully identify themselves as emergency physicians. In fact, the emergency services are usually staffed by interns or residents with very little specific training in emergency medicine. Absence of emergency physicians provides

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little stimulus for the development of systems of EMS e.g. the pre-hospital care, trauma centre and so on.

Emergency Medical Speciality – A Necessity

The factors responsible for the recent focus in the speciality of emergency medicine are as follow :

- (a) There has been an epidemiologic transition of disease, with the replacement/augmentation of the traditional perinatal and infectious diseases by cardiovascular and cerebrovascular diseases, hence the requirement of emergency services has increased.
- (b) Widespread industrialisation has resulted in rise in trauma accidents in the work place and road accidents have increased the demand for emergency services.
- (c) Hospital Administration has realised that with improved emergency services, admission rates are reduced and requirement of on call consultation of various disciplines is also decreased.
- (d) Hospitals, especially the corporate ones, have realised that effective emergency services have a PR value and the emergency department is the "shop window" of the hospital.
- (e) Clinicians have also understood that if specialised emergency physician manages the ~~emergency department, this offers~~ them more time for patient care in their respective wards.

It benefits patients since they are in the care of one respective wards.

It benefits patients since they are in the care of one specialist who can coordinate their care, when they have multiple medical/surgical problems requiring services of several specialists.

Aims and Objectives of Emergency Medicine Speciality

Aims

To train physicians in the immediate recognition, evaluation, care and disposition of patients in the pre-hospital and emergency department setting and assume leadership roles in administration, education and research in specialities.

Objectives

1. To provide indepth clinical experience in both the diagnostic evaluation and management of broad range of emergency patients.
2. To train physicians in the immediate recognition, evaluation, care and disposition of patients in the pre-hospital emergency department setting who may present with a wide range of illness and injury, to train physicians to be concerned with prevention of accidents and illness and be prepared to extend the facilities of the emergency department into the community to intercept patients early in the course of their problems.
3. To develop the potential of those residents interested in assuming leadership roles and who are particularly interested in education and research.
~~To perform the leadership, tasks that contemporary emergency physicians are, and to perform the leadership, tasks that contemporary emergency physicians are, and should be, assuming, to provide a broad base of experience in emergency medicine and all related specialities, with gra~~

responsibilities for teaching and research integrated.

5. To formulate a view of medicine and of patient care that is holistic patient care system in its perspectives.
6. To possess an appreciation in patients of their fears, defences and life experiences.

1st Year Curriculum – Recommended Outline

1st Year

Internal Medicine	–	4 months
Anaesthesia	–	2 months
Orthopaedics	–	1 month
Paediatrics	–	1 month
Burns	–	1 month
Surgery	–	1 month
Toxicology	–	1 month
<i>Pre-hospital Care</i>	–	<i>1 month</i>

2nd Year

Internal Medicine	–	4 months
Anaesthesia	–	2 months
Cardiology	–	1 month
Orthopaedics	–	1 month
Paediatrics ICU	–	1 month
Forensic Medicine	–	1 month
Trauma Surgery	–	1 month
Pre-hospital Care	–	1 month

3rd year

Internal Medicine	–	4 months
Anaesthesia	–	2 months
Obs. Gynae	–	1 month
Disaster Management	–	1 month
GI Surgery	–	1 month
CCU	–	1 month
Neuro Surgery	–	1 month
EMS–Administration	–	1 month

Conclusion

It is an essential requirement that Emergency Medicine acquires the status of a separate speciality with the consequential augmentation and enhancement of other related specialities like pre hospital care, ambulance services, aeromedical services and trauma centre. We have to initiate the process of establishing the Emergency Department as a speciality at the earliest. It is an essential requisite in fulfilling our moral responsibility in provision of holistic quality health care.

References

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