

Emergency Medicine International – What are the Big Issues and Challenges?

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Emergency medicine is perceived differently in different parts of the world. The expression, therefore, has different connotations in different countries and cultures. What might be perceived as a medical emergency in the United States or in Europe may not be interpreted as such in Africa or Asia. Emergency medicine and its societal expectations of it, is a product of cultural context and the social and economic background in which it is practiced. Emergency medicine deals with unexpected events which require immediate medical attention in order to prevent disability or death. One could argue that certain conditions which might heal spontaneously and will not cause disability or death are emergencies or not. Pain, e.g., as a symptom with no established diagnosis is a common reason for emergency visits during off hours. Untreated pain is a major emergency and the timely and appropriate treatment is a big clinical challenge in emergency medicine. Today, education in differentiated pain management is often not emphasized enough in the educational curriculum for young physicians. Emergency Medicine is a dynamic discipline and pain management is just one classic example that emergency physicians can change traditions and established attitudes with continuous medical education and patient advocacy activities.

There are many challenges in Emergency Medicine ahead of us. Since each continent and each country has its own set of most common diseases, education from one country cannot necessarily be translated into another one. This means that a physician who has enjoyed an excellent medical education in a Western emergency department, where acute myocardial infarction and hyperosmolar nonketotic diabetic coma are common, might initially have problems in recognizing atypical malaria or certain diseases associated with malnutrition endemic to the African continent. Physicians who train in one part of the world and want to practice emergency medicine in a totally different part of the world should seek enough educational coursework to prepare themselves for their new challenges. Otherwise a well-intended effort to help people in far and foreign countries might cause more harm than good.

Another major problem in medicine, in general, is a financial one. In times of shrinking budgets for health care and dwindling medical resources worldwide, emergency medicine may become an emergency itself. In the industrialized countries, many financial problems (but not all) stem from introduction of more and more state-of-the-art and expensive medicine and pharmaceuticals for the increasingly ageing population and less money to spend. In the developing countries, a rapid population growth associated with problems like malnourishment and rampant infectious diseases like malaria and AIDS, are some of many different causes for their monetary problems. In certain African

countries diseases like AIDS prevent a larger segment of the population from gaining a salary and thus aggravating the economic situation of an entire country. The availability and timely access to health care, in particular emergency and ambulatory health care, has become a matter of life and death in many countries worldwide. This is also true in a different way in developed and industrialized countries where health care is available but not affordable for large segments of the population.

The financial problems and access to health care can only be solved with significant political changes on a larger scale. Emergency medicine has increased awareness and has analyzed these problems but the leaders and politicians have the responsibility to ensure proper allocation of medical resources for the overall population. Public health research is an important tool to assess the medical needs of larger populations. Emergency medicine is on the forefront of medicine at any time. Emergency physicians play a pivotal role in public health including the administration of vaccination and evidence-based research. They can deliver first hand the needed data material for our public health researchers focusing on waste and scarcities of a health care system.

Ethical evidence-based medicine should be used as a tool to prevent unnecessary procedures and to practice more scientifically and statistically sound medicine. On the other hand, the patients need more education about their own bodies and management of simple diseases. Further, the media and the Internet have created unrealistic expectancies within the general population of how medicine should look. More realistic and proper information needs to be disseminated to the public. Educational projects and programs cost money. But the money spent is well invested and will save money in the end.

Other major challenges in emergency medicine are the threat of war and terrorism in more and more countries. Since September 11, 2001, the world has become a less safe place to live in. In many countries, emergency physicians are put in charge to handle terrorism-related emergencies. Usually this comes at a time of less funding and emergency departments working at the limits of their capacity. Terrorism preparedness is expensive and complex. Nobody knows if or when an attack will take place and whether the expensive equipment is sufficient or ever used for a disaster. While preparing for the unthinkable, man-made or natural, emergency physicians must also care for the regular patients on a daily basis.

Overall emergency medicine will face new challenges in the future. Worldwide declining and unequally distributed financial resources in health care, emerging (SARS) and existing (AIDS) infectious diseases and the threat of global terrorism and wars are probably the most challenging issues in emergency medicine for the future. In the clinical field changes of traditional attitudes through evidence-based medicine and the practice of

more humane and patient-oriented medicine are major objectives for the future in Emergency Medicine.

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