

# Emergency Medicine Around the World

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In most countries, the specialty of emergency medicine is either nonexistent or in a rudimentary stage of development. However, there is a rapidly growing interest in emergency medicine throughout the world. This interest in the specialty has many sources. There has been increasing economic development in many countries, which has led to rapid urbanization, increases in deaths from injuries, and increasing outpatient visits to hospitals. In addition, there is a desire by physicians all over the world to provide the highest quality, or at least most technically advanced level of care. Finally, there have been perceived successes of the specialty in other countries.

During the past few years, the *Annals* has published a series of articles from around the world to demonstrate the development of emergency medicine. It is obvious that this development has been inconsistent. Some countries have started postgraduate emergency medicine training programs while many European countries still do not have standardized residency-equivalent training in emergency medicine.

US and European emergency physicians became involved internationally through disaster relief work. Organizations such as Médecins sans Frontières (Doctors without Borders) and International Medical Corps were instrumental in expanding the scope of international medical aid during disasters, particularly war situations. The International Medical Corps was founded and primarily staffed by emergency physicians. The participants in these relief efforts began to rapidly understand the need for local training and emergency expertise. Emergency health care training became a part of their missions. Simultaneously several countries became interested in emergency care and began developing their own emergency care systems, with or without the help of outside "experts." Countries as diverse as China, Barbados, Turkey, Jordan, Nicaragua, and South Korea have now started emergency medicine training programs, with and without the help of consultants.

Obviously, there is no single emergency medicine system that will serve the needs of all. Currently there are 2 major competing visions for delivering emergency care: the European and American models. The major difference is

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that the American system relies on specially trained hospital-based physicians to deliver a broad range of services for all patients presenting to a separate emergency department. In contrast, the European model focuses on delivering resuscitative care in the field; this care is usually provided by anesthesiologists, with subsequent triage of patients directly to specific specialty services for definitive care. American emergency physicians believe that their system is more efficient, the Europeans that the patient receives more definitive care faster. Both groups contend that their outcomes are better, neither has proof. Which model is best for any given country is difficult to determine.

More importantly, many countries are not ready for the specialty of emergency medicine. The problems are many, including personnel issues, educational opportunities, the lack of necessary infrastructure, and the cost. All of these are related to the level of economic development. Even some better developed countries may not need improved emergency services. They may do better to focus on improving all outpatient services, preventing infections and injuries, or reducing the cost for hospitalized patients. Before outside "expert" physicians attempt to assist countries it is important to understand their existing health care systems, the national health care priorities, their economic development, and the societal structure. There is no "one size fits all" emergency system for all countries. Even within a country, each city and hospital may need to be considered separately.

Emergency medicine has much to offer, from high-quality, high-volume outpatient services, to reduced hospitalizations to integrated prehospital and hospital care. Anyone who has been to hospitals in developing countries knows that there is room to improve the services and quality of care in their "emergency departments," some of which treat hundreds of thousands of patients annually. But the questions are how? When? Why? Which is the best system? How will it be paid for? What are the specific needs of the population? Where does emergency medicine rank among the overall health needs of the country? Individual physicians working in international health must accept the responsibility of answering these questions for themselves.

It is equally important for physicians planning to work internationally to reflect on their motives and their ability to commit sufficient time and financial resources to actually having a lasting effect. Commitment, financial and otherwise, is rare but it is the key. We hope that the articles in this series will help to educate our readers on the tremendous strides and continuing needs of emergency medicine around the world. Emergency medicine if adapted appropriately to given local health needs is important.

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