

Editorial

Emergency Medicine Training: Can it change the Healthcare Canvas of Pakistan at its Present Pace?

Abdus Salam Khan
Editor in Chief

Pakistan like its neighboring South Asian countries has been struggling with the provision of quality emergency care delivery to its population. Although routine and non-emergency care may not be as deficient but the emergency care is significantly affected and the system of care is rudimentary at best. Emergency medicine has been taken a root in some of these countries but the real impact of the field is yet to be seen.

The population of Pakistan is above 200 million (201257026) and is growing at the rate of 1.63% per year.¹ There is no documentation of the number of emergency physicians in the country as the people working in the emergency departments are usually labeled as general practitioners. But if we look at all doctor population in Pakistan, the number of Medical doctors providing the care for the population is 210490, which comprises of 40794 specialist and 169696 General practitioners.² This put the GP to population ratio at 1185 person per GP and 4933 persons per specialist. On a comparative scale it translates to 0.97 physicians per 1000 population as compared to 7.91 physicians per 1000 population in Cuba and 0.758 per 1000 population in India.³

When it comes to the resource provision and the general trend of knowledge regarding physicians providing the emergency care the situation is not very promising. In a study done regarding emergency and trauma care, Razzak et al have concluded the presence of a significant gap in essential equipment and provider knowledge necessary for effective emergency and trauma care. This is on the top of problems with the access to quality emergency and trauma care.⁴ The knowledge of the physicians working in the emergency rooms was also quite low especially regarding cardiac issues and basic life support.⁴ Looking at the use of ambulance to reach to the emergency department, it was observed that it is mostly utilized for the injury victims, which was 59.1% of the patients coming to the emergency department.⁵ It was also observed that the big city usage of Ambulance was much higher than smaller cities.⁵

Keeping the issue of physician shortage as well as resource problem aside, the patient load presented to our emergency departments shows a staggering figure. Data collected through PAK-NED study depicting the time period of 2010 and 2011, it can be seen that the total number of Patients seen in 4 months were more than

270,000 across 7 institutions of Pakistan.⁵ This turns out to be an average of 322 patients per day per institution. Although there is a huge variation between the private hospitals and the government institution in terms of the patient load, yet the burden presented to the emergency departments across Pakistan can be seen as very significant.⁶

Let us turn our focus to vulnerable situations and see how we are doing in those regards. It has been shown that the population of Pakistan is slowly aging and the elderly are increasing, with the corresponding increase in the utilization of emergency services. Fayyaz et al. believe that the emergency departments across the country need to be modified to be able to cater to the special needs of the elderly.⁷ In a study regarding out of the hospital cardiac arrest, both witnessed or un-witnessed, it was seen that only 2.3% of patients received bystander CPR.⁸ It was also seen that the outcome was quite dismal with only 1.6% survival at discharge and at 2 months there was 0% survival.⁸ The situation regarding other life threatening situations are also not very different although not documented.

The logical solution for all these issues seem to be improved pre-hospital care, trained emergency physicians, improved resources and patient education on injury and disease prevention. One of the corner stones of the quality care is training of emergency physicians. Since emergency care is extremely important aspect of care and should be available for all patients who seek it, as it is a fundamental right of citizenship. Emergency Medicine caters to all sort of diseases in all patients regardless of age or gender. It works as a bridge at times to stabilize patients before they can be operated upon, or provide them with resuscitative support before they are moved to the intensive care.⁹

Emergency Medicine has started its roots in Pakistan and there are training programs which are all locally developed through the College of Physicians and Surgeons and also through some of the universities. Currently there are 7 institutions offering FCPS Emergency Medicine training which is 5 year training program. This has started in 2010 and there are about 60 to 70 residents in various years of training. At the present rate, the author expects a steady output of trained physicians coming out soon. The numbers of those trainees coming out would be about 12

Editorial

per year starting year 2020. The author sees this number as highly insignificant when it comes to dealing with the issues discussed above.

Looking at the state of emergency medicine training in Nepal, Pandey¹⁰ notes that the conditions of practicing emergency medicine is under quite difficult circumstances, with significant challenges to the development of emergency medicine training. His recommendation was

to have more international guidance, resulting in development of the curriculum and academic development of emergency medicine. Dr. Pandey sees the constitutional amendment to guarantee the right to essential healthcare as a positive step in the development of emergency care in Nepal.¹⁰

If the country has to fulfill its obligation to its citizen for the quality healthcare, then efficient and robust emergency care delivery is a must. It can only be achieved through developing emergency medicine training programs in all public sector tertiary care hospitals, strengthening emergency departments resources and staffing at all district level hospitals, expanding the role of 1122 and similar pre-hospital care services to all areas of Pakistan, educating the masses regarding prevention of disease and also injury and lastly incorporating emergency care into the curriculum of the undergraduate medical students and nurses.

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