

Developing EM**A Pakistani Perspective on the Field of Emergency Medicine**

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The dynamic field of Emergency Medicine (EM) has existed in Pakistan for more than two decades but was recently recognized by few health care organizations in the last five years.

It is unfortunate that in a country where major medical and traumatic incidents are a common happening, there is critical shortage of competent emergency staff, pre hospital services and established emergency departments. Primary health care is still not widely accessible so the first presentation of most of the patients is a serious health condition in an understaffed and ill-equipped emergency where their clinical outcome is greatly compromised. Disproportion in the current health care budget versus high patient turnover in public sector is also compromising acute care. The task is mammoth at hand but with timely measures and political willingness, these challenges can be met.

College of Physicians and Surgeons of Pakistan (CPSP), the premier postgraduate institute of the country, recognized Emergency Medicine as a primary specialty in 2011. Two of the hospitals, Aga Khan University Hospital in Karachi and Shifa International Hospital in Islamabad, started a five years Emergency Medicine fellowship training program in 2012/13. Faculty of both the hospitals helped CPSP in developing curriculum and also gave their time to conduct the examinations and workshops successfully. Currently this program has produced five Fellows of EM who are all working locally. Meanwhile in last three years, few more organizations showed their interest for EM and got recognized by CPSP for EM fellowship training. So far there are seven hospitals across Pakistan that have been recog-

nized with about 70 EM trainees in various years of training. A country, with over two hundred million population and a disease burden of more than average, will have to wait for decades to have sufficient EM trained physicians to cater for its common people.

Besides all these odds, the current challenge is that a high number of postgraduate trainees in their third or fourth year of training are offered middle grade jobs in UK/Ireland, which they accept and leave the CPSP training program. It results in continued strain to the system of emergency care in Pakistan. The most common reasons for leaving the training program are better job opportunities, increased pay packages and better working hours. On the other hand, policy makers and relevant governmental health departments are still lagging behind in realizing the importance of this front door acute specialty which can impact significantly in acute care of patients.

Giving Pakistani perspective of EM, I feel that there is a strong need of working towards developing this specialty because any further time delay will cost us exponentially in terms of patient care. This can be achieved by having a strong political willingness first of all and then involving the local EM leaders along with EM society to come up with shared plan. The dividends of this effort will be seen as improved care for the patients, decrease in the mortality rates especially for infants and other vulnerable populations, and overall decreased economic burden as the care will also be economically efficient. Obviously this will improve the Emergency Medical service followed by increase in numbers of EM trained and qualified consultants in Pakistan.

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