

EDITORIAL

Editorial

Peter Cameron^{1*}



Emergency care has always been a fundamental component of medicine; however, the specialty of Emergency Medicine has only been evolving over the last 50 years. In most countries, it is still seen as a new specialty. Traditional specialties, such as surgery and medicine, struggle to understand the role of emergency medicine, yet accept the benefits of an emergency system that works well. Emergency medicine is a system-based specialty, based on the concept that emergency care should be accessible, timely, and appropriate for a whole population. The right patients should be given the right treatment in the right place at the right time. Clearly, the actual care delivered will vary according to the geography, resources, and personnel available. The ability to work within a team to rapidly assess, triage, resuscitate, treat, and refer when appropriate, underpins the specialty.

In the Kingdom of Saudi Arabia, the specialty of emergency medicine is flourishing with a considerable number of training programs and high quality graduates. The emergency systems are developing under the 2030 vision and trauma and emergency care is being regionalised across the kingdom. The specialty of emergency medicine is central to developing these systems.

The specialty of Emergency medicine is defined by the International federation for Emergency Medicine (IFEM) as “a field of practice based on the knowledge and skills required for the prevention, diagnosis, and management of acute and urgent aspects of illness and injury affecting patients of all the age groups with a full spectrum of episodic, undifferentiated physical, and behavioral disorders; it further encompasses an understanding of the development of pre-hospital and in-hospital emergency medical systems and the skills necessary for this development.”(IFEM Charter 1991)

This is a very broad definition and implies that the specialty is not confined by the walls of the Emergency Department (ED) or even the hospital. Many of our colleagues work in the prehospital area and also in disaster preparedness. Public Health initiatives including injury and disease prevention are also considered core roles. Some of us work in critical care and retrieval as well as subspecialized areas, including hyperbaric, toxicology, and sports medicine.

The broad knowledge of the health system and clinical exposure, mean that emergency physicians are excellent resources for medical education. In addition, the detailed knowledge of the medical system has allowed many to become medical administrators.

Access to acutely ill patients and a poor evidence base for most of the treatments we deliver in emergency medicine

should enable emergency physicians to become excellent researchers. However, not many emergency physicians have focused on research careers. It may be related to training, personality type (adrenalin junkies), senior mentorship, funding, and other practical considerations. Clearly, ethics and consent are a major impediment to emergency research in many countries because of legislative limitations regarding consent and privacy of patient information.

The lack of high impact, emergency specific journals also acts as a barrier and most high quality emergency research is published in non-emergency journals with higher impact. There is a place for research which is specific for the region and specialty, so that local issues are explored in a structured and scientific manner. This ensures open discussion and debate, and facilitates an evidence-based approach to clinical pathways for emergency patients.

I commend the editors of the new Saudi Journal of Emergency Medicine for their foresight in introducing a new journal with a particular focus on emergency care issues in the region. This will be a valuable addition to research on emergency care locally and internationally.

Author details

Peter Cameron¹

1. Academic Director, The Alfred Hospital, Emergency and Trauma Centre, Prehospital Emergency and Trauma Research Health Services Research, Department of Epidemiology and Preventive Medicine, School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia.

Correspondence to: Peter Cameron

*Academic Director, The Alfred Hospital, Emergency and Trauma Centre, Prehospital Emergency and Trauma Research Health Services Research, Department of Epidemiology and Preventive Medicine, School of Public Health and Preventive Medicine, Monash University, Melbourne, Australia.

Email: peter.cameron@monash.edu

Received: 13 January 2020 | Accepted: 13 January 2020