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Commentary

The underpinning of emergency care development is education

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Emergencies occur continually throughout the world, result in substantial morbidity and mortality and have a major financial impact on both individuals and health sectors. However, emergency care (EC) has long been a neglected health priority. Across countries with vast differences in geography, cultures and income levels, EC defaulted to a chaotic process where junior clinicians or rotating staff provide care to acutely ill and injured patients in an over-crowded area that is poorly equipped to handle emergencies [1,2]. Meanwhile, for these acutely ill and injured patients efficiency and quality of care can literally mean the difference between permanent disability and complete recovery or between life and death. Their fate, however, is dependent upon a clinician having the skill and knowledge to recognize the emergency and intervene in a timely manner, despite having little to no formal training in EC.

While EC became more developed in many countries in the 1960s, the concept has been slower to take hold in other countries [1,3]. However, two World Health Assembly Resolutions, 60.22 (2007) and 72.16 (2019), have emphasized the importance of EC and encouraged its expansion and implementation [4,5]. The foundation for these resolutions was built upon advocacy by emergency physicians and nurses demonstrating the ability of an EC system to not only provide life and limb saving care, but also to provide secondary preventative care, deploy key public health interventions, improve access to care, play a critical role in disease surveillance and improve the health system's disaster response [6].

In *The Lancet Regional Health – Western Pacific*, Dr. Phillips and colleagues present the results of their three-phase, expert consensus process to define the current state of EC and identify key development priorities in the Pacific Island Countries and Territories (PICT) [7]. While there was variability among the individual PICT with regard to the different components of EC development studied, overall EC is underdeveloped with significant gaps in training, preparedness, infrastructure, prioritization and research across the PICT. The PICT span an area of the Pacific Ocean that accounts for more than 15% of the earth's surface and includes several countries ranking in the top 20 most at-risk countries in the world [8]. These nations and territories are highly susceptible to natural disasters, the effects of climate change, and epidemics in addition to day to day emergencies that result from both communicable and non-communicable diseases. Thus, while delivering EC in this setting will have unique challenges, the populations of the PICT stand to benefit substantially from having an organized and efficient system of pre-hospital and facility-based EC. Strong EC systems will substantially strengthen the health infrastructure of each individual country and territory. Defining the current state of EC, establishing priorities and setting standards is the critical first step in this development.

Their results highlight the role of training and education as a critical component of EC development. As in other regions, training and education was explicitly identified as a priority for both pre-hospital and facility based emergency care [9]. This emphasizes that the specialty of emergency care encompasses a highly specialized body of knowledge that not only requires the ability to rapidly assess and treat patients of all ages (at times without diagnostic confirmation), establish rapport with patients and families, and forecast the course of the illness, but also the ability manage multiple patients simultaneously, orchestrate patient flow through the health system, and be prepared for unexpected surges in volume over minutes (mass casualty events) and weeks to months (epidemics).

While education was explicitly the focus in several priorities and standards across both pre-hospital and facility based care, the broader understanding of emergency care demonstrates that education is the underpinning of most, if not all, of the development priorities and standards identified. Phillips and colleagues indicate that education should be defined broadly and include both short

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course training for some providers and full post-graduate specialty training [10,11]. Emphasizing education at the forefront positions local leaders to assume direction of the emergency care development. Implementing capacity building upfront through education initiatives ensures sustainability of EC development and enables it to best serve the needs of the local population.

Phillips and colleagues take an important step forward for the development of emergency care in the PICT through this collaborative work to establish priorities and standards in both pre-hospital and facility-based emergency care. Prioritizing training and educational initiatives early in the development of EC systems will undoubtedly provide health systems strengthening for the PICT. An EC system built upon a foundation of sound high quality EC education will create local stakeholder capacity early and will catalyze the development of a system that will meet the unique challenges inherent in each individual country and the PICT as a whole.

Declaration of Competing Interest

Nothing to disclose.

References

[1] Obermeyer Z, Abujaber S, Makar M, Stool S, Kayden S, Wallis L, Reynolds T. Acute care development consortium. Emergency care in 50 low- and middle-income countries: a systematic review. Bull World Health Org 2015;93(8):577–86.
[2] Williams DJ. Brief history of the specialty of emergency medicine. Emerg Med J 2018;35:139–41.
[3] Mitchell R, Phillips G, O'Reilly G, Creaton A, Cameron P. World Health assembly resolution 72.16: what are the implications for the Australasian college for emergency medicine and emergency care development in the Indo-Pacific? Emerg Med Austral 2019;31:696–9.
[4] World Health Assembly. Resolution 60.22. Health systems: emergency care systems. https://apps.who.int/iris/bitstream/handle/10665/22596/A60_R22-en.pdf?sequence=1&isAllowed=y (accessed July 16th, 2020)
[5] World Health Assembly. Resolution 72.16Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured, Geneva: World Health Organisation; 2019. Available from: https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R16-en.pdf?ua=1 (accessed July 16th, 2020).
[6] Anderson P, Petrino R, Halpern P, tintinalli J. The Globalization of emergency medicine and its importance for public health. Bull World Health Organ 2006;84:835–9.
[7] Phillips G, Creaton A, Airdhill-Enosa P, Toito'ona P, Kafoa B, O'Reilly G, Cameron P. Emergency care status, priorities and standards for the Pacific region: a multiphase survey and consensus process across 17 different Pacific Island Countries and Territories. doi: 10.1016/j.lanwpc.2020.100002
[8] https://www.worldbank.org/en/country/pacificislands/overview (accessed July 19, 2020)
[9] Hammerstedt H, Maling S, Kasyaba R, Dreifuss B, Chamberlain S, Nelson S, Bisanzo M, Ezati I. Addressing world health assembly resolution 60.22: a pilot project to create access to acute care services in Uganda. Ann Emerg Med 2014;64:461–8.
[10] Tassicker B, Tong T, Ribanti T, Gittus A, Griffiths B. Emergency care in Kiribati: a combined medical and nursing model for development. Emerg Med Austral 2019;31:105–11.
[11] Reynolds TA, Mfinanga JA, Saw HR, Runyon MS, Mwafongo V. Emergency care capacity in Africa: a clinical and educational initiative in Tanzania. J Public Health Policy 2012;33(Supple 1):S126–37 (S1).