

Emergency medicine in times of economic crisis

ÒSCAR MIRÓ

Editor.

The current times of crisis, and those the experts predict are yet to come, do not seem to bode well for Emergency Medicine (EM), long stranded in a crisis situation. Our crisis is, essentially, based on the lack of official recognition of the Specialty. This has resulted, by a domino effect, in disrespect for the profession by the administration and often by colleagues from other specialties. We face a scandalous shortage of professionals to fill jobs, a high turnover of these professionals migrating to other areas with greater recognition, working conditions one step below those of our colleagues, a lack of teaching and research projects, a high degree of burnout and, ultimately, a frequent lack a sense of content in our careers, with a strong emotional component for those who experience their work as something beyond what their contract specifies. The current global economic and financial crisis may appear to worsen this situation. But appearances can be deceptive and, in this case, may actually benefit us. I can think of at least half a dozen arguments to be used as a mast to hold on to in these times of crisis. Following the example of other EM journal editors¹⁻³, today I will diverge somewhat from the line of scientific publishing to discuss these arguments.

First, vocation is constantly increasing. Whoever has had some contact with medical students, or even with high school students, will know that our Specialty is highly regarded by a certain percentage of them. If tomorrow we were to achieve Specialty status, and our field in 2011 was offered on a strictly competitive basis with other specialties ... Who doubts that our places would not be filled? Does anyone honestly think that our resident places would be the last to be filled, chosen by new graduates resigned to accepting EM in the absence of other specialty places available? No. There is vocation to become an EM specialist. The

reasons may be somewhat difficult to understand at first, but become evident on deeper analysis.

High resolution medicine, based on the application of clinical criteria, interacting with virtually the entire corpus of medical knowledge, with enormous versatility in terms of the scenario in which it applies, with almost unlimited diagnostic and therapeutic support and immediate feedback, sometimes clearly instrumental in saving lives, constitute an almost irresistible attraction in the eyes of any medical student in their twenties.

Second, our medicine is based on efficiency. It is rare to find an action performed in our daily tasks which does not represent an effort to maximize efficacy. From a prescription tailored to the evidence, which deviates from the sometimes capricious trends in modern medicine, or from a clinical observation of the evolution a patient in order to spare a hospital admission, through design and management of different areas of health-care, to the frequent performance of functions that go beyond what is medically required in order to resolve a situation of global demand for attention amongst our patients⁴⁻⁶. Everything is based on the premise of medicine that is "good, nice and cheap." Perhaps this optimization of resources is a consequence of the situation we normally face, or perhaps it is the eminently practical nature of our discipline. It does not matter. EM is not an expensive discipline; in times of crisis we will surely be able to turn necessity into a virtue⁷.

Third, we are always there. And when I say always I mean it. I know it can be argued that we pay for it. But we are willing to accept that. It is not easy to achieve such commitment from a group of professionals, in this case physicians, at a high level of the social hierarchy. And we do it for the same price as that of our colleagues. Nobody doubts that EM specialists are the only safety valve for the common citizen, while the rest of

CORRESPONDENCE: Òscar Miró. Area emergency rooms. Hospital Clínic. Villarroel, 170. 08036 Barcelona. E-mail: omiro@clinic.ub.es

RECEIVED: 30-6-2009. **ACCEPTED:** 2-7-2009.

CONFLICT OF INTEREST: None

the health system rests (no doubt justifiably) during 128 hours a week. Urgent care demand arises in many areas, ranging from primary care, pre-hospital care or hospital emergency department services, but is distinguished by the fact that it is demanded anytime and anywhere. But this does not matter. The fact that distinguishes us from other medical disciplines is that we are always there. In days gone by, there were others. Today it is us. And the general population knows and appreciates it. This is evidenced by user evaluation scores which make EM one of the best considered healthcare services year after year⁸.

Fourth, we are young. A look at those around us is enough to convince us. While others age, we seem to enjoy the gift of eternal youth. And is not that we have made a pact with the devil. Perhaps the high turnover that we experience (to be honest, involuntarily forced) has something to do with it. But this is a reality that, when some victory is ours, must be in our favor. Youth always has the quality of audacity, which must be used intelligently to our favor. We are like those of the Renaissance with a high intellectual level who enjoyed treading unfamiliar ground.

Fifth, we are many. It is difficult to find any one professional group so large and yet so undermined. Currently the Spanish Society of Emergency Medicine has over 8,000 members, out of approximately 50,000 professionals serving the general population. This merely indicates our growth potential, and hence our influence, is enormous. We can only grow. And a society that is growing is a healthy society. It generates expectations, proposals, alternatives, impulses, wealth and wisdom. And it advances.

And sixth (last but not least), we are fortunate. This may not be uniformly perceived at times. The internal dialectic, in the Hegelian sense of the term, enriches and unites us. The very lack of specialty status mentioned at the beginning of this

Editorial has probably made us join together, we whose paths in other circumstances may have diverged or simply run parallel. Now that no sane person doubts the need and imminence of specialty status, we are more united than ever. And there is no better antidote to a crisis than to face it together.

So let us not delude ourselves nor allow ourselves to be deluded by others. In a country where too often the message is confused with the messenger, aesthetics with ecology or the sermon with wheat, there may be some who confuse crisis with emergencies. We are not in crisis. There is vocation, we are efficient, we are always there, we are young, there are many of us and our future is good. Our situation is advantageous. I sincerely believe that we are a few moments away from the Big Bang. So if someone asks about our assessment of the current crisis, our response should be the same as that of the group Supertramp in 1973: Crisis, What Crisis? And Roger Hodgson's band did not do badly at all.

References

- 1 Plunkett PK. Evolution - a slow and eventful process. *Eur J Emerg Med.* 2008;15:125-6.
- 2 Brown AF. Emergency Medicine Australasia: progress and prospects. *Emerg Med Australias.* 2007;19:487-9.
- 3 Plunkett PK. Blocked, bothered and bewildered am I. *Eur J Emerg Med.* 2006;13:65-6.
- 4 Aldea-Molina E, Gómez J, Royo R, Rodrigo G, Rivas M, Llera R. Sala de observación de un servicio de urgencias: un lugar adecuado para el manejo del flutter auricular. *Emergencias.* 2008;20:101-7.
- 5 Estella A, Pérez-Bello Fontañá L, Sánchez Angulo JI, Toledo Coello MD, Del Águila Quirós D. Actividad asistencial en la unidad de observación de un hospital de segundo nivel. *Emergencias.* 2009;21:95-8.
- 6 González-Armengol JJ, Fernández Alonso C, Martín-Sánchez FJ, González-del Castillo J, López-Farré A, Elvira C, et al. Actividad de una unidad de corta estancia en urgencias de un hospital terciario: cuatro años de experiencia. *Emergencias.* 2009;21:87-94.
- 7 Salazar A. ¿Urgenciólogos rentables? *Emergencias.* 2009;21:83-4.
- 8 Servei Català de Salut, Generalitat de Catalunya. Pla d'enquestes de satisfacció d'assegurats del CatSalut. Atenció urgent hospitalària 2008. Disponible en: http://www.10.gencat.cat/catsalut/archivos/enquestes/urgencies/web_urg69.pdf (consultado 8 de julio de 2009).