

# Use of Emergency Medicine for Illnesses or Injuries Requiring Immediate Medical Attention

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## Introduction

Emergency medicine is the medical specialty concerned with the care of illnesses or injuries requiring immediate medical attention. Emergency physicians care for unscheduled and undifferentiated patients of all ages. As first-line providers, their primary responsibility is to initiate resuscitation and stabilization and to start investigations and interventions to diagnose and treat illnesses in the acute phase. Emergency physicians generally practice in hospital emergency departments, pre-hospital settings via emergency medical services, and intensive care units, but may also work in primary care settings such as urgent care clinics. Sub-specializations of emergency medicine include disaster medicine, medical toxicology, point-of-care ultrasonography, critical care medicine, hyperbaric medicine, sports medicine, palliative care, or aerospace medicine. Emergency medicine is not defined by location but may be practiced in a variety of settings including, but not limited to, hospital-based and freestanding Emergency Departments (EDs), urgent care clinics, observation medicine units, emergency medical response vehicles, at disaster sites, or via tele-health. Emergency medicine encompasses planning, oversight, and medical direction for community emergency medical response, medical control, and disaster preparedness. Emergency medicine professionals provide valuable clinical, administrative, and leadership services to the emergency department and other sectors of the health care delivery system. Different models for emergency medicine exist internationally. In countries following the Anglo-American model, emergency medicine was originally the domain of surgeons, general practitioners, and other generalist physicians, but in recent decades it has become recognized as a specialty in its own right with its own training programs and academic posts, and the specialty is now a popular choice among medical students and newly qualified medical practitioners. By contrast, in countries following the Franco-German model, the specialty does not exist and emergency medical care is instead provided directly by anesthesiologists (for critical resuscitation), surgeons, and specialists in internal medicine, pediatricians, cardiologists or neurologists as appropriate. In developing countries, emergency medicine is still evolving and international emergency medicine

programs offer hope of improving basic emergency care where resources are limited.

The high volume and acuity of patients in the ED create a time pressure and forces physicians to employ a different style of practice than in other settings. A steady stream of patients, some of whom may require immediate life-saving measures, means that many times there is little to no time to review history or any medical records prior to seeing the patient. A majority of the time you will need to assess a patient without knowing anything about their background. Therefore, it is important to gain an understanding of what the most important pieces of information to gather are for each patient. This can be difficult since most patients will arrive with completely undifferentiated complaints. Some common examples of these undifferentiated complaints are "chest pain" and "abdominal pain", where the etiology can range from completely benign to immediately life-threatening, or "weakness", where the differential diagnosis includes essentially the entire spectrum of medical pathology. Emergency Medicine (EM) is a global discipline that provides secondary disease prevention and is also a tool for primary prevention. It is a horizontally integrated system of emergency care consisting of access to EM care; provision of EM care in the community and during transportation of patients; and provision of care at the receiving facility or hospital emergency department. EM can offer many tools to improve public health. These tools include primary disease prevention; interventions for addressing substance abuse and interpersonal violence; education about safety practices; epidemiological surveillance; enrolment of patients in clinical research trials focusing on acute interventions; education and clinical training of health-care providers; and participation in local and regional responses to natural and man-made disasters. Public health advocates and health policy-makers can benefit from the opportunities of EM and can help overcome its challenges. Advocating the establishment and recognition of the specialty of EM worldwide can result in benefits for health-care education, help in incorporating the full scope of EM care into the system of public health, and expand the capabilities of EM for primary and secondary prevention for the benefit of the health of the public.