The evolution of emergency medicine internationally

Riyad B. Abu-Laban, MD, MHSc, FRCPC*

INTRODUCTION

On May 28, 2019, the World Health Assembly, the decision-making body of the World Health Organization (WHO), passed a resolution with monumental implications for emergency medicine. World Health Assembly resolution #72.16, titled "Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured," is a powerful call for global action.[1] How I learned of this resolution, and of the profound changes that have occurred within the International Federation for Emergency Medicine (IFEM), is emblematic of a broader challenge in Canadian emergency medicine (EM) to shift more of our collective focus from inward to outward.

In June 2019, I was part of a small contingency of Canadian Association of Emergency Physician (CAEP) members who attended the 18th International Conference on Emergency Medicine (ICEM) in Seoul, South Korea. It was the first time I had attended this flagship IFEM event since the 7th ICEM in Vancouver in 1998; over the past 2 decades, most of my nonclinical activities have focused on advancing EM at the University of British Columbia and nationally. But the timing was good for me to change that, and the change has already proven to be eye opening.

IFEM was founded in 1991 to "promote access to, and lead the development of, the highest quality of emergency medical care for all people".[2] It's an association composed of national and regional EM organizations, of which Canada, through CAEP, was one of four founding members, along with the United States, Australia, and the United Kingdom. CAEP continues to play a major role in IFEM, and the current IFEM President is Dr. Jim Ducharme, past Editor-in-Chief of CJEM.

I could not help but feel a twinge of national pride to see a fellow CAEP member, Dr. Ducharme, deliver the opening address to launch the 18th ICEM. The conference featured 1,094 presentations and brought together 2,725 participants from 72 countries, a testimony to the growth of EM internationally. One of the most impactful sessions at ICEM was a plenary lecture on the final day by Dr. Teri Reynolds, an emergency physician who leads the Emergency and Trauma Care Program of the WHO. Dr. Reynolds' lecture was compelling not only for its content, but also because, just weeks before ICEM, she had changed her entire presentation to address the details and broader implications of an April 2019 landmark report by the WHO Director-General titled "Emergency and Trauma Care".[3] That report was presented to the 72nd World Health Assembly, and resulted in resolution #72.16.

I believe the WHO Director-General report and World Health Assembly resolution are essential reading for anyone interested in overseas EM service or the ongoing evolution of emergency medicine internationally. The six-page Director-General report begins by stating that "emergency care is an essential element of universal health coverage" and "is the first point of contact with the health system for many people, providing timely recognition of time-sensitive conditions, resuscitation and referral for severely ill patients, and the delivery of definitive care for many others." This statement may sound obvious from a Canadian perspective, but it is unprecedented for the WHO. The report also references the World Bank "Disease Control Priorities" project, which estimates "more than half the deaths and around 40% of the total burden of disease in low- and middle-income countries result from conditions that could be treated with prehospital and emergency care."

This represents a formal proclamation by the WHO that, as care systems have advanced and developed around the world, the priorities for significant health gains have shifted from the classic triad of vaccinations,

From the *Department of Emergency Medicine, University of British Columbia, Diamond Health Care Centre, Vancouver, BC.

Correspondence to: Dr. Riyad B. Abu-Laban, Department of Emergency Medicine, University of British Columbia, 11th Floor, Diamond Health Care Centre, 2775 Laurel Street, Vancouver, BC, V5Z 1M9; Email: abulaban@mail.ubc.ca

 CJEM 2020;22(4):454–455 DOI 10.1017/cem.2020.27

clean water, and improved maternal care to emergency and prehospital care. As the report also outlines, these gains are not necessarily expensive, and in many locations can be achieved with simple interventions such as facility protocols for prehospital transport and the use of checklists to identify and manage life-threatening conditions. The World Health Assembly resolution was co-led by Ethiopia, one of the world's poorest nations, and Eswatini. It calls for "near-term additional efforts globally to strengthen the provision of emergency care as part of universal health coverage so as to ensure the timely and effective delivery of life-saving health care services to those in need" and concludes with a series of recommendations for all WHO Member States to undertake.

As I flew back to Canada, I found myself reflecting on why I had been so moved by Dr. Reynolds' presentation. Part of the reason was undoubtedly because it was symbolic of the progress IFEM itself has made since its inception. The organization has grown to 67 full, affiliate, and ex-officio members. The latter category includes regional societies that represent additional national societies; thus, the total number of nations linked to IFEM currently approaches 100, an increasing number of which are low- and middle-income countries (Carol Reardon, IFEM Executive Officer, personal correspondence, January 30, 2020). IFEM also now includes a range of special interest groups, a foundation, awards, and a growing body of resources and expertise for nations with emerging EM systems. The organization's progress is further illustrated by a shift, starting in Mexico City in 2018, from a biannual to an annual conference. I suspect another reason for my reaction was because of where Dr. Reynolds' presentation took place. The United States medical experience gained during the Korean War was a large part of the impetus for the advancement of trauma care and emergency medicine as we now know it across North America. It was thus particularly poignant for the announcement to the international EM community of the precedent-setting WHO activities to occur in Seoul, 66 years after the war that painfully divided that nation.

The WHO Director-General report and World Health Assembly resolution are a direct result of the global evolution and advancement of emergency medicine. While every location is unique and there is no universally optimal means to implement EM, the citizens of every nation deserve a robust and context-appropriate system of emergency care delivery. Canadians are well positioned to continue to make meaningful contributions to achieving this. In the early years of EM in Canada, our collective focus was understandably on establishing training programs, research, academic support, CJEM, achieving departmental status at our universities, and ongoing efforts to improve our aberrant system of two independent training and certification routes. But now that EM is solidly established in Canada, CAEP members with an interest beyond our borders have an increased capacity, and through IFEM and CAEP's Global Emergency Medicine Committee, a coordinated means, to devote some of their activities to the international arena. Frequently overseas contributions by Canadian emergency physicians take place as personal efforts outside of their academic institutions. This contrasts with the United States, where Global EM divisions and fellowships are common. A recent CAEP Academic Symposium Paper, published in CJEM, called attention to this and provides recommendations for improvement.[4]

The WHO Director General report and World Health Assembly resolution represent a call to action. They reflect the disparity that continues to exist in the provision of emergency care globally, and underscore an opportunity for CAEP members to have a positive impact beyond our borders.

Acknowledgement: I thank Dr. Jim Ducharme, for his input and guidance on this commentary.

Keywords: Emergency medicine, global health, prehospital/EMS

Competing interests: Dr. Abu-Laban serves on two committees for the International Federation for Emergency Medicine: "Governance" and "Specialty Implementation."

REFERENCES

1. World Health Assembly. Emergency care systems for universal health coverage: ensuring timely care for the acutely ill and injured; 2019. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_R16-en.pdf (accessed December 9, 2019).
2. International Federation of Emergency Medicine. About us. Available at: https://www.ifem.cc/about-us/ (accessed December 9, 2019).
3. World Health Organization. Emergency and trauma care; 2019. Available at: https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_31-en.pdf (accessed December 9, 2019).
4. Collier A, Marton G, Chun S, et al. CAEP 2018 Academic Symposium: recommendations for developing and supporting global emergency medicine in Canadian academic emergency departments and divisions. *CJEM* 2019;21(5):600–6.