Editorial

Development of Emergency Medicine in Hong Kong: where are we?

香港急症醫學的發展：我們身在何處？

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The Hong Kong College of Emergency Medicine will celebrate its 10th anniversary in October this year. There is a Chinese saying "十年樹木，百年樹人", which means that it takes 10 years to grow a tree but it takes 100 years to nurture a man. We have deemed our specialty as a "young" specialty since the incorporation of our College in 1996. However, if we remain in such a complacent mentality, we can never grow. It is time to formulate the future direction of our specialty in the art and science of medicine.

In Hong Kong, the overwhelming majority of Emergency Medicine (EM) service is provided by the government through the 15 accident and emergency departments (AED) under the Hospital Authority. The conventional hospital service budget has just been sufficient to maintain the basic services, leaving very little room for training or specialty development.

The College was formally admitted as one of the 15 constituent colleges of the Hong Kong Academy of Medicine in 1997. Under the able leadership of our past presidents, Dr. Chin-hung Chung and Dr. Tai-wai Wong, fellows of the College have collaborated to gain due recognition and reputation in the medical profession. The success of our AED doctors in battling SARS in 2003 was exemplary. This has strengthened our role in the health care system in Hong Kong, both as an agent for disease surveillance and as a dealer for sudden health crisis. It marks the first phase of EM development in Hong Kong. Nevertheless, when compared with other countries, we are still far behind. In the United States, emergency physicians have sub-specialised in areas such as resuscitation, traumatology, paediatric emergency, toxicology, ultrasonography, sports medicine, forensic emergency and pre-hospital care.

For the past 10-15 years, we have organised various structured training courses such as Basic Cardiac Life Support, Advanced Cardiac Life Support, Basic Trauma Life Support, Pediatric Advanced Life Support, Advanced Pediatric Life Support and Advanced Life Support in Obstetrics. We have also successfully introduced toxicology courses into Hong Kong and assisted in the establishment of the Hong Kong Poison Information Centre (HKPIC); and our fellow, Dr. Fei-lung Lau was appointed as the first director of HKPIC. It is expected that more advanced toxicology training will be established through further cooperation with the HKPIC. With similar "road-maps" and objectives, a number of interest groups and training courses have been started in the past few years: forensic medicine, sports medicine, evidence-based medicine and ultrasonography, to name a few. All of them are still

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in the infancy stage and future development will need more contributions and efforts from our fellows and trainees.

While most of our colleagues are making endeavours for improvement, some might get "lost" or even "burnt out" when they are frustrated with the heavy daily workload and frequent night shift duties, leaving little protected time for training or continuing medical education. While they are busily involved in the management of "urgent" cases that account for about 25-40% of AED attendances, they are also required to deal with the remaining majority of patients with "semi-urgent" or "non-urgent" clinical problems. The adverse working condition is further aggravated by the increasing demand from these less urgent cases for immediate or early medical attention, special investigation or hospital admission to deal with their self-perceived "urgent" medical problems. On the other hand, the role of our specialty has not been well perceived by some non-EM colleagues and emergency physicians might still be viewed as "gate keepers", "postmen" or "admission officers" with little special skills or knowledge. The condition is aggravated by demands from the hospital administration to cut hospital admission and specialist outpatient clinic referral, in line with the dwindling hospital budget. As a result, emergency physicians could not find job satisfaction with these mundane daily clinical encounters and conflicts. Lamentably, some emergency physicians do not even regard their own clinical work as important or as "specialised" as colleagues in other clinical specialties.

EM has the intrinsic nature of brief patient encounter with a wide range of presentations – acute or chronic, urgent or non-urgent. The emergency physician has to identify the underlying medical conditions, similar to the way a detective investigates criminal offences, and to decide on the appropriate management and disposal using limited resources within a short time. We usually concentrate our effort on those with life-threatening emergencies like acute myocardial infarction or multiple trauma, which only account for a minor proportion of our daily clinical work. Nevertheless, it is of the utmost importance for every emergency physician to get job satisfaction by solving seemingly simple problems. A lady in early pregnancy felt depressed because of persistent lower abdominal pain as a result of recurrent cystitis complicated by urinary retention which required repeated catheterisation. A careful and experienced emergency physician looked into the details and considered other possibilities. Subsequently, the patient was found to have habitual faecal impaction leading to the urinary retention and lower abdominal pain. Simple digital evacuation followed by low enema successfully broke the vicious cycle and the patient's suffering was immediately relieved. In return, the emergency physician was rewarded by a thankful smile from the patient.

By definition, Emergency Medicine is a discipline of medicine that deals with the acute and life-threatening aspects of medical care. It focuses on the recognition, evaluation, care and disposition of patients with acute illnesses or injuries. Emergency physicians have the privilege of being the first to attend patients in acute health crisis. Our target is to solve the problem within the shortest time while minimising suffering of the patient. Currently, most simple dislocations involving the shoulder, elbow or finger joints are handled by emergency physicians. We have developed new and faster methods for close reduction, with higher success rates and less pain or complication. For years, emergency physicians have adopted rapid sequence intubation to facilitate endotracheal intubation, with higher success and lower complication rates. On the other hand, some non-EM colleagues are still using single agent (e.g. benzodiazepine) for conscious patients. It is not a very difficult or sophisticated procedure, but success depends on the physician's skills, knowledge, experience, and the team's cooperation, involving both medical and nursing personnel. It is easy to discuss or teach defibrillation or cardioversion on ECG rhythm strips in the classroom. In real life emergency situations, one would be under great stress. In most cases, it requires tremendous courage to make a prompt and rapid decision to use electrical therapy to stop a potentially life-threatening arrhythmia, especially when one has only limited clinical information during the initial few

minutes of the patient encounter in the AED. Acute drug overdose is not uncommon in our daily practice. Patients with hypotension and haemodynamic instability from β-blocker or calcium channel antagonist overdose would require intensive monitoring. Early glucagon treatment initiated by an emergency physician would shorten the stay in the intensive care unit without increasing the morbidity or mortality.

Being in a specialty with a wide scope of training in dealing with multiple clinical problems (base of a pyramid) and excellence in acute clinical management (tip of the pyramid), we should continue to fine-tune the training programmes of our trainees and continuing medical education programmes or professional development of our fellows. In the years to come, we should take a proactive role to negotiate with the Hospital Authority to provide more training opportunities and the College can also establish training scholarships and special programmes to render assistance to accredited training centres. Simultaneously, we should encourage and facilitate the development of interest groups in related sub-specialties with the view to establish our own sub-specialties of Emergency Medicine. As regard to inter-disciplinary professional development, our College can also take the lead in forming the Hong Kong Resuscitation Council.

Needless to say, we need the support of all fellows and trainees to meet future challenges. United, we can survive and mature into a strong and committed specialty earning trust and prestige from both the medical and non-medical communities.