KOCHI: Emergency Medicine, the speciality of the 21st century, is emerging in India at a very rapid pace. It is interdisciplinary in nature; designed to deal exclusively with emergency conditions of each and every branches of modern medicine. It is the bridging specialty between medicine and surgery. The branch of Emergency Medicine is well established in developed nations, especially in UK, USA and Australia involving air ambulances, robotics and all other essential paraphernalia, with well trained personnel for speedy and effective interventions. It will take a minimum of 10 years for this specialty to get streamlined in India; as there is an acute shortage of MD Emergency Medicine doctors in government and private sector medical colleges and hospitals. At present, there are only 48 MCI permitted/approved/recognised MD seats in the entire India, out of which eight are in Kerala. The basic qualification for admission is MBBS. The MD programme has a tenure of three years of intense education, research, teaching practice and clinical training. In Kerala, the course started in 2012, with two seats each, at Amrita Institute of Medical Sciences (Kochi), Jubilee Mission Medical College (Thrissur), Pariyaram Medical College (Kannur) and Govt Medical College (Calicut). In view of the rising demand, Diplomate of National Board course in Emergency medicine, has also been started last year by the Govt of India, in leading tertiary hospitals and medical colleges across the country.

The Emergency Medicine department, as such is non existent in most of the hospitals and medical colleges of India and are handled entirely by untrained non emergency doctors, house surgeons and medical students who are completely unaware of emergency management strategies. Treatment received during the initial few hours by a critically ill patient determines his/her chances of survival and subsequent well being. Our present hospital casualties pose as a major threat to the lives of otherwise salvageable critically ill patients, unless they rise to the level of proper Emergency Medicine departments, meeting international protocols. Round the clock facilities like Emergency physicians, intensivists, on call specialist doctors, MBBS doctors, emergency medical technicians, trained nursing staff, MSW services, equipped ambulance services, monitored beds, portable X Rays, portable ultrasound machine, echocardiogram, CT/MRI, dialysis machines and ports, bronchosopes, endoscopes, point of care labs, blood banks, pharmacy, ventilators, triage area, resuscitation area, decontamination area, isolation area, an attached ICU set up and preferably an attached emergency
operation theatre, are the prerequisites for starting an emergency department. A disaster management protocol should also be an integral part of an emergency medicine department.

The prime responsibility of an emergency physician is to save the patients from life threatening emergency situations, in a time dependent manner, facilitating easy and prompt effective intervention of other specialties, which if not done properly can end up in devastating future consequences. For example, a victim of a road accident with multiple injuries should have his vital signs stabilised before shifting him to the operation theatre for a definitive surgery, else he may die due to bleeding or hypoxia (low oxygen state) during transport or on the table. A cardiac arrest patient needs to be revived and the underlying cause of arrest needs to be identified and initiated on treatment before handing him over to the concerned specialty for definitive care. A case of acute breathlessness needs to be addressed and managed according to the etiology, before ICU stabilisation. A patient who is presented with acute stroke needs to get thrombolysed in the emergency department within three hours, before handing him over to the stroke specialists, else he may end up in permanent debilitating conditions or may face premature death. A patient with ongoing seizures (fits) need to be managed by an emergency physician with the most appropriate drugs and stabilised before handing him over to the neurologist. A patient with severe sepsis of any origin, need to be initiated on emergency protocols within stipulated time period, for a long term positive outcome. An emergency physician is expected to diagnose acute coronary events (e.g., heart attack), stabilise and initiate treatment such as thrombolysis (if indicated), before handing him over to the cardiologist for definitive treatment. A victim of snakebite or poisoning should be stabilised, diagnosed and initiated on appropriate treatment before admitting them under General Medicine. A burns victim should be approached systematically by addressing his airway, breathing, circulation followed by adequate hydration, which should be initiated in the emergency department itself.

For those of you who are interested to pursue emergency medicine as a career. An Emergency physician should have the correct blend of knowledge, wisdom, experience, razor sharp surgical skills and a high degree of suspicion to effectively tackle life threatening conditions. All resuscitation attempts are based on internationally accepted scientific protocols and clinical experience of the physician. They need to know a lot about critical care medicine like ventilators, hemodynamic monitoring etc as you are the ones who are managing the red area of your Emergency Department. He should also be well versed in managing toxicologic emergencies. An Emergency physician need to be proficient enough in intubation, managing difficult airway, mechanical ventilation, surgical cricothyroidotomy, central line access, arterial line access, hemodynamic monitoring, ICD placement, emergency pericardiocentesis, transcutaneous pacing, ACLS, PALS, ATLS, ALSO, ECG, ABG, basic ultrasound techniques, basic doppler, echocardiogram, blood transfusion protocols, life saving drugs and should also have fairly good idea about managing both medical and surgical emergencies. He should also have good managerial and communication skills and also a fairly good idea about the medico-legal aspects of an Emergency Department. An Emergency physician should have a calm, composed, cool headed, yet focused and systematic approach while dealing with a critically ill patient and the bystanders. He should never miss a life threatening condition and should always expect the worst thing to occur in the patient. He should not be perplexed nor should his adrenaline shoot up on encountering a crashing patient. They should have a mighty heart with over the top skills and high degree of confidence to rightly hit the bull’s eye. In fact, they can rightly be called as the commandos of medicine/surgery. Emergency Medicine involves accuracy and professionalism blended with presence of mind and the capacity to take the right decision at the right time.

The story doesn’t end here. The era of Emergency Medicine has just begun and it is the Government’s responsibility to ensure quality emergency medical care to its citizens, by establishing full-fledged emergency medicine departments in all hospitals and medical colleges across India.