

EDITORIAL

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Emergency medicine journey in Turkey: almost thirty years with humble enthusiasm

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Healthcare services have entered a new era in the last three decades in Turkey. Inauguration of the specialty of emergency medicine (EM) modified the sector in an unprecedented way to be called “like never before”. Following the birth of EM specialty in USA in the sixties, Israel, United Kingdom, Australia, and Turkey have conceptualized and launched necessary steps in this regard (1, 2). EM, a fledgling specialty in 1994, has now evolved into an energetic new profession with more than 4000 dedicated members and experiencing its early age of maturity. EM is currently the clinical branch that carries out the most educational activities in our country. EM has passed through infancy and childhood in these 28 years and is entering the maturity period. EM is one of the clinical branches which has trained authors with H index over 20, has witnessed a significant leap in international publications, and has the highest number of SCI-indexed publications per clinical faculty. Developed countries solved enormous problems such as high death rates following major cardiac events and trauma in the long run, via education and training of the lay public alongside healthcare workers, especially in the acute and emergency setting. Our country witnessed disorganized efforts since 1960’s and it was only after 90s that well-coordinated campaigns, courses and publications were mediated successfully by EM associations, non-governmental organizations, medical chambers, and the Turkish state in order to improve the public understanding and knowledge level. However, I suppose it is too early for these efforts to be deemed sufficient for the country. Emergency healthcare and related services, which have been carried out by general practitioners and physicians from other specialties on duty for decades without any special training on the subject, have significantly changed since the mid-90s. With the rapidly increasing number of EM specialists in the 2000s, in clinics and even district state hospitals, emergency healthcare was provided by emergency physicians who were constantly working there and had received training, the difference was reflected in the society. EM has also changed other disciplines. To be more specific, the need for analgesia in acute abdominal pain is no longer debatable, innovations in resuscitation cannot be evaluated without the contribution of emergency medicine, the approach to COPD is shaped by the collaboration of chest spe-

cialists and EM specialists (3). Table 1 depicts important steps in EM in Turkey.

Pandemic conditions have posed a great challenge against ‘usual’ medical care in many aspects. Almost all branches of medicine, especially emergency medical services, primary care institutions, EM, internal medicine, chest medicine, infection, and intensive care clinics have to work in cooperation and in unison to overcome the plague of the millennium. Algorithms for case management in hospitals had to be updated according to the contemporary requirements.

Changes in the field of healthcare in Turkey in the last 28 years have also been reflected in the position of EM. Up to 1.5 hospital admissions per capita per year are recorded 30-40% of which are directly admitted to EDs (5). ED admissions, which are the only way out at the point where primary care institutions and branch outpatient clinics do not meet the public demand, are in the position of a wild card that closes every gap in the system. When there is no limit to the number of patients that should be seen per day, admission difficulties arise due to high demand, and there are systemic forces from other clinics’ patient ownership, the queues for the green area lengthen, and the rising tension finds the ED workers as the sole culprit. Since it is difficult to meet the expectation of patients and keep them satisfied with a reasonable and scientific approach, the limits of physical space and humane work of the staff can be exceeded. The rates of resignation, going abroad, and transferring to other jobs have increased.

Malpractice lawsuits and violence caused by the patient/relative are a serious threat and a cause of disappointment for emergency workers. This issue, which has clearly been subject to quantitative and qualitative increase every year, can be alleviated by the joint work of the justice community, health officials, non-governmental organizations, and the public. The confrontation between healthcare professionals and the public in these ‘trenches’ of the ED is a vital problem area that the state should focus on.

In the context of consultation-liaison medicine, EM is one of the key points. In approximately one out of three of the patients in the ED, at least one consultation is requested from other disciplines, and the patients are treated with consultation and cooperation. The fact that most of the patients are

Table 1 Milestones related to emergency medicine (EM) in Turkey, itemized chronologically

1986	The first ambulance service was established under the name of "077 Hızır (al-Khidr) Emergency Ambulance Service" only in three metropolitan cities
1989	John R. Fowler was hired and started working at Dokuz Eylul University in Izmir, Turkey
1991-1992	"Hızır Emergency" continued its service with the name "112"
1993	The Turkish State Cabinet approved the EM residency training
1994	Paramedic training inaugurated
1994	Commencement of EM residency training Dokuz Eylul University (Figure 1)
1995	Emergency Medicine Association of Turkey (EMAT/TATD) was established (İzmir) (4)
1997	The Turkish Medical Association - Specialty Associations Coordination Board (TTB-UDEK) accepted the Emergency Medicine Specialization via membership of EMAT/TATD
1998	The first EM specialists received their doctorate certificate
2001	The first International Congress was held in Turkey: World Association of Disaster and Emergency Medicine Congress (WADEM, Istanbul)
2001	Judith Tintinalli visited Turkey
2001	The Turkish Journal of Emergency Medicine was published within the body of EMAT/TATD
2002	Emergency Medicine Specialist training and emergency service standards were published as a book
2003	The first associate professors in EM received a certificate
2004	First General Assembly of National Board of Emergency Medicine (NBEM, ATYK) was held
2006	EM residency training started in Training and Research Hospitals (thus the number of emergency physicians soared thereafter)
2009	The first generation of professors were appointed as chairs in EM
2018	The first EM Board Exam was held in Antalya, EMAT

EM: emergency medicine

**Figure 1** John R. Fowler, FACEP and his first EM residents (Ozgun Karcioglu and Nese Nur User) at the university-based ED in 1994

admitted during night shifts or holidays, when there is a minimal number of physicians in the hospital, can exemplify the difficulties experienced in this regard. Although during EM specialty training, education is given on keeping the diagnosis and treatment interventions required for the patient at a

minimal level in terms of cost effectiveness, our country has rapidly risen to a record-breaking position in investigations such as magnetic resonance imaging and computed tomography scan. In this regard, the education of the entire health community and the public will be more important in the future. In this way, additional problems such as unnecessary radiation intake, staying in the ED longer than necessary, and misuse of resources will be solved. It should not be forgotten that EM is not only the job and responsibility of EM specialists. Problems can be solved in cooperation, and contemporary approaches can be developed with a common mind for solving problems encountered both in the field of patient care and educational activities. Thank you to all those who contributed, to those who built the future with their devotion, to all EM professionals and stakeholders.

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