

Croatian Emergency Medicine and Emergency Medicine in Europe. Opportunities and Threats

Hitna medicina u Hrvatskoj i u Europi – mogućnosti i prijetnje

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It is my honour to be asked to prepare a foreword to this special edition of the *Medicina Fluminensis* which highlights several clinical recommendations for Emergency Physicians. This step by the Croatian Society for Emergency Medicine (CSEM) is important in highlighting and defining the growing importance and position of Emergency Medicine (EM) and reinforces the CSEM' role in refining and developing guidelines that affect patients in EM settings. Guidelines and adapting them to make them fit for use in the EM context is an important step in the maturing of EM as a specialty.

This is an extremely exciting time for EM in general, not just in Croatia but across Europe, as Health care systems readjust to the combined challenges of post covid demand along with significant demographic and geopolitical changes. Although this rising number of an aging population may appear linear the effect on the health care system is anything but due to the complexity of comorbidities allied to increasingly available treatments.

There is therefore a demand for well-trained doctors who can manage the whole patient as well as quickly adapt to these societal changes and the challenges brought on by pandemics and natural disasters. Emergency Medicine Physicians are those people.

Croatia has a rich history of recognising the need and promoting Emergency Medicine, the Emergency Medical Services being developed in Opatija by the Vienna Voluntary rescue society as early as 1894¹.

The Croatian Institute of Emergency Medicine (CIEM) started operating in May 2009 and is a public health institution for performing emergency medicine activities in the Republic of Croatia. It has had a central role in developing the vision and strategy for the development of EM systems to continuously improve not just the quality but also equity and speed of access to Emergency care. The development of Emergency Departments further forwarded this vision.

CIEM as a vital role in producing these well-trained Physicians who can manage the whole patient and who are trained to respond quickly to change in demographics, geopolitical changes and in how people seek medical care. CIEM also has a vital role in supporting and nurturing those who chose to work in one of the most challenging yet most rewarding areas

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of medicine. This is especially important as it is known that that burnout disproportionately affects younger EM specialists and trainees and that negative experiences during training contribute to burnout and depression later in careers²⁻⁴. In this endeavour CIEM can rely upon the support of other European Societies through the European Society of Emergency Medicine (EUSEM). When a group of EM specialists met in 1994 to establish the “Club of Leuven”, they could scarcely have dreamed of witnessing such rapid developments in European Emergency Medicine. What started as a society for individual members has grown to be both a society of National Societies (representing some 38 National Societies) and individual members with a combined membership of over 40,000 members.

It has been exciting to watch the rapid development of EM as a specialty in Europe, including welcoming the most recent country to adopt EM as primary specialty (Spain) this year when the Council of Ministers approved the development. EM as a specialty in Europe, from an initially slow start has grown rapidly from barely a handful of countries with a primary specialty as present in 1972 (when the UK advertised for 30 Consultants in EM). It was not until 2013 that the requisite number of 1/3 of European countries had a recognised 5-year training programme to allow Emergency Medicine to be accepted by the European Union of Medical Specialties (UEMS) as the 40th Specialty³. This has rapidly risen to a total of some 34 countries now that Spain has welcomed EM as a primary specialty⁵.

The production of a curriculum and then subsequent European Training requirements (ETR) strengthened the role of Emergency Medicine. A recently updated ETR was unanimously approved by all the National Medical Associations of The European Union of Medical Specialists (UEMS). This unanimous acceptance has strengthened the specialty significantly. The ETR is basically the curriculum for physicians dealing with all health emergencies in adult and paediatric patients and its unanimous adoption strengthens relationships and collaboration with other societies and ensures future training in EM as it demonstrates the approval and support for both the scope of

practice of EM and the role EM plays in health-care in Europe⁶.

Having Emergency Medicine as primary specialty has long been a primary reason for the existence of the European Society of Emergency Medicine. Such a development was not merely a numbers game to increase membership but was considered a critical part of making Emergency Medicine a strong specialty both nationally and across Europe. The rapid progress in adopting the specialty over the last decade makes this a good time for EUSEM to re-evaluate its aims and consider its strategy over the next 5 to 10 years. There is no doubt that a strong Croatian Society will be integral to this.

As both local societies and a European umbrella society It is vital that we see the opportunities as well as the challenges ahead. Being one of the youngest specialties, Emergency Medicine has proven itself highly adaptable to situations and has been able to rapidly change. I have no doubt we will continue to adapt It must be remembered however that EM core business in managing high risk undifferentiated often ill patients who we often deal with in an information poor background.

An important article from Atkinson et al⁷ highlighted the challenges we face and how we should approach the next decade, specifically defining our core business and pushing other specialties to be accountable for their own, often entirely predictable, out of hours workload. Key to this is continually highlighting our value as a specialty and not being the solution to everyone else's “inconvenient unscheduled care”. – Throughout my tenure as President of the European Society I have constantly sought to reinforce that those who chose Emergency Medicine are indeed different and special and should have a deserved pride in what they do.

Europe has historically evolved different models of Emergency Care based often upon historic circumstance as well as geographical and population need. As we enter the next phase of developing EM across Europe and attempt to more closely develop a unified approach it is interesting to watch how systems are evolving and, in many ways, taking on the best of each other's approaches.

EUSEM and all the national societies that it represents continue to offer our full unwavering support to the Croatian Society for Emergency Medicine as it rapidly changes the face and delivery of Emergency care in Croatia benefiting not just patients but trainees who have chosen to work in the most challenging yet most rewarding Specialties.

At this exciting time and we look forwards to welcoming as many of our Croatian colleagues as possible to celebrate with us in Copenhagen.

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