

EDITORIAL

The specialty of Emergency Medicine, 50 years later

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Universal access to emergency care without barriers is a fundamental pillar of a community's or country's health-care system. The system must guarantee high-quality, safe, efficient, and equitable care across its entire territory. Emergency services must be accessible to everyone in need, at any time and in any location, as the adequate organization of urgent and emergency care, coupled with quality treatment, saves lives.

In Spain, 2024 marked the establishment of the new specialty of Emergency Medicine (EM), a long-awaited development⁽¹⁾. This specialty was first introduced 50 years ago in the United Kingdom, where 30 training places were announced in 1972. In the United States, EM was recognized as the 23rd specialty in 1979. Later, in 2013, the European Union of Medical Specialties formally recognized EM as the 40th specialty, when the requirement for one-third of European countries to have a 5-year training program was met⁽²⁾. Currently, a total of 34 European countries recognize EM as a specialty, while others consider it a subspecialty.

Scientific societies have consistently advocated for the recognition of EM as a distinct specialty, emphasizing that the highest standards of EM practice and clinical competence itself rely on formal training, continuous education, research, and innovation. These standards are based on a comprehensive body of knowledge acquired through formal training programs, known in our country as the MIR (Médico Interno Residente) System, the medical residency program.

In Spain, the publication of Royal Decree (RD) 127/1984 on 11 January 1984 established regulations for specialized

medical training and the attainment of specialist physician qualifications in various fields. The Spanish Society of Emergency Medicine (SEMES) was founded in 1987, three years after the RD that formalized the MIR system. SEMES has consistently promoted EM as a mechanism to provide regulated training for all professionals working in both hospital emergency departments and emergency services, facilitating the effective planning of care needs in this field^(3,4). The *Societat Catalana de Medicina d'Urgències i Emergències* (SoCMUE) was established in 2009 through the unification of two scientific societies representing physicians, nurses, and emergency technicians: the *Associació Catalana de Medicina d'Emergències* (ACMES, 1992) and the *Societat Catalana de Medicina d'Urgències* (SCMU, 1996). Sharing the same objectives as SEMES, SoCMUE is now fully integrated with and aligned to it.

Pediatrics is an older specialty. The *Societat Catalana de Pediatria* dates back to October 1926 and, since its inception, the field of pediatric urgency and emergency has always been included. This is evident in the first issue of *Pediatria Catalana* (the journal of the *Societat Catalana de Pediatria*) published in 1928. In the *Memòria* section⁽⁵⁾, topics discussed at the society's 1st Congress included diarrhea caused by spirochetes and an analysis of the recent influenza epidemic in children, and, in issue 2, a detailed description of the first two cases of anterior poliomyelitis (Figure 1)⁽⁶⁾.

The Spanish Society of Pediatric Emergencies (SEUP) was founded in September 1995, as a result of the observation that Pediatric Emergency Medicine was undergoing a significant transformation driven by advancements in knowledge, progressive training, and the subspecialization of professionals managing pediatric emergencies. It serves as a clear example of how scientific progress necessitates greater specialization in specific competencies, enabling the delivery of excellent and more effective healthcare responses.

In the field of EM, characterized by a wide range of reasons for emergency department visits and clinical scenarios,

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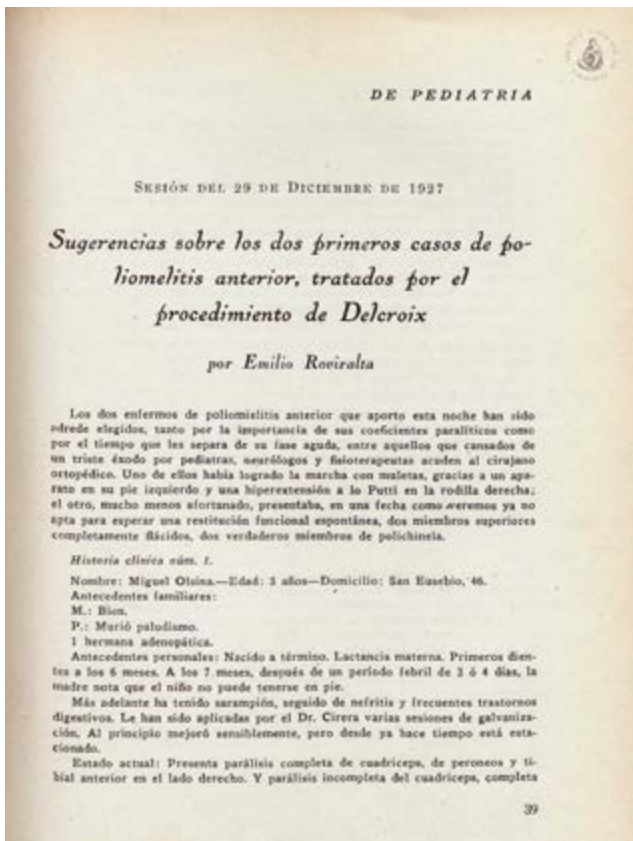


FIGURE 1. Emilio Roviralta. Suggestions on the first two cases of anterior poliomyelitis treated using the Delcroix procedure [in Spanish]. *Pediatr Catalana*. 1928; 1(2): 39-46. The text provides a detailed description of two clinical cases involving infants who, following a febrile period, developed muscle weakness that did not improve during follow-up. Available at: pediatricatalana.cat/view_document.php?tpd=2&i=4579

where urgency and life-threatening situations necessitate the fast exclusion of conditions that require immediate care, professionals must develop the ability to make rapid decisions, often under conditions of uncertainty, which demands specific cognitive and technical skills that need to be trained⁽⁷⁾. This environment of high complexity and imminent life-threatening risk underscores the necessity for decisions to be made by professionals proficient in these competencies. It highlights the need for the professionalization of emergency services, which require teams equipped with all the necessary skills, available 24 hours a day, 365 days a year. These aspects are similar in the field of Pediatric Emergency Medicine, where highly trained professionals possess the expertise to manage urgent and emergency situations effectively.

The World Health Organization highlights that more than half of deaths and over one-third of disabilities in low- and middle-income countries could be significantly mitigated through the implementation of effective emergency and critical care. Priority should be given to an integrated approach consisting of early recognition, resuscitation, treatment, and the prevention of complications across a wide range of diseases affecting individuals throughout their lives. This integrated approach has been shown to reduce

the morbidity and mortality associated with a substantial proportion of these conditions^(8,9). Developed countries are better prepared, as they often have well-organized healthcare systems with emergency services that are the initial access point for alerts and early medical care and, when necessary, the stabilization of patients and their transfer to appropriate facilities.

In all cases, emergency professionals are the first contact for children and adults experiencing medical, surgical, and obstetric emergencies, including severe trauma, sepsis, heart attacks, strokes, asthma, and acute pregnancy complications. Integrated emergency care services should enable the timely recognition of urgent and time-sensitive conditions, the provision of appropriate treatment, and, when necessary, the continuation of care for acutely ill patients at the appropriate level within the healthcare system, which should function collaboratively across other medical specialties.

The population expects quality emergency care and highly efficient organized emergency services. With an annual activity of around 22.8 million visits in the hospitals of the Spanish national health system, and 9 million in the 112/061 services in 2022⁽¹⁰⁾, emergency professionals and scientific societies have a lot to contribute. We must undoubtedly take part in the strategic decisions that ensure the sustainability and resilience of the healthcare system to address emerging challenges, such as an ageing population, which inevitably leads to increased emergency activity; the ability to provide 24/7 high-quality care to children and adults across the entire territory; and the shortage of professionals dedicated to the field of emergency care. EM, alongside other specialties, will definitively play an essential role in improving our healthcare system.

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