

Emergency Medicine at War

Michael J Drescher MD FACEP¹

¹Associate Chief, Division of Emergency Medicine, Hartford Hospital/University of Connecticut, Hartford CT, USA

In this issue of ISRJEM we explore the role of emergency medicine (EM) in times of national conflict through the focused lens of Israeli EM and the war in the north of Israel this summer.

An individual who is suddenly faced with disease, pain or injury is in need of a well prepared system and well trained individuals standing by to save her life or prevent deterioration of her health. Some form of this thought underpins the whole concept of emergency medicine. And as self evident as it may be, until recently the concept was new and its consequences – among them the new specialty of emergency medicine - revolutionary.

Likewise, when a country is faced with an unplanned for crisis which affects its public health, be it a natural disaster, a terrorist campaign, a war, or an environmental catastrophe, the idea that the medical system be adequate to the task of preserving life and limb of its citizens, and more importantly in the long run, to allowing for the continuing functioning of society, seems obvious. Emergency medicine and emergency medical systems will be at the center of any modern nation's ability to absorb and recover from such national states of emergency. As we see in the article by Eisenman in this issue: as the Katyushas rained down on Nahariya, the primary care health system - among others - ceased to function, and the ED, now underground, became the focus of all health care in the city.

And just as car crashes and heart attacks can and do happen anytime and anywhere, so too can calamity strike a city or a country without notice or warning. How will the ED handle it?

Are trained emergency nurses and physicians, who 'own' the department and know how to run it, ready for the surge; for the injured, the anxious or the poisoned just as they always are, only on a larger scale? Or will it be a chaotic gathering of staff from near and far coming down to the ER, where care is fragmented, disjointed and hit or miss on a 'normal' day – what can we expect when disaster strikes?

Emergency medicine is a public health issue every day, and never more so when the unexpected happens on a large scale. EM systems far from the epicenter of the disaster can be affected. This needs to be addressed in the planning stages. What to do with the worried and anxious who will swarm and already busy disaster filled ED? How do we insure that the staff can concentrate without concern for their families' safety? What role should the military demand from EM? In this issue we see that much thought has gone into these questions and some possible answers offered.

But is the pivotal role that the EDs played in Israel in this last conflict going to be a fulcrum to further the ability of EM to answer the needs of the public, both in peace and war?

Perhaps this is among the lessons learned by the public health decision makers in Israel, and perhaps the public is ripe to be lead in a campaign to demand that EDs be staffed and equipped so as to deliver to the public the best care that they can in times of crisis, be it an individual's own private catastrophe, or a national emergency. To quote the sage Hillel: "If not now, when?"