BRITISH JOURNAL OF HOSPITAL MEDICINE

Emergency care needs renovation, not resuscitation or palliation

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Sir,

The crisis in emergency care is a pervasive international issue that extends from the UK to Canada, where I practice and teach. This crisis is not just a reflection of systemic failures but also a consequence of the ever-expanding role that emergency departments have come to play. Like my colleagues from the UK (https://doi.org/10.12968/hmed.2023.0382), those of us working in emergency medicine in Canada also see the need for a paradigm shift – a renovation of the system that goes beyond the dichotomy of resuscitating or palliating emergency care.

Globally, emergency departments have become the linchpins of healthcare, offering round-the-clock service in an environment where other services have steadily retreated from this commitment. As services withdraw from providing rapid access, the burden has shifted disproportionately onto emergency care, creating unsustainable pressure. This 'open-all-hours' approach has inadvertently fostered dependence and has, in turn, contributed to the very crisis we now encounter.

The analogy of treating a patient in congestive heart failure is apt: we have reached the limits of functional optimisation – of trying to do more with less – and must now consider both preload and afterload reduction, rather than increasing the dose of inotropes. For healthcare systems, this means a strategic reconfiguration to manage demand and improve patient flow. Volume overload must be addressed not by continuing to resuscitate but by renovating the approach, reducing the inflow of and improving the outflow of cases that could be managed more effectively elsewhere (Atkinson et al, 2022).

Renovating emergency care in the UK and Canada, as elsewhere, involves concerted political and social will to invest in the infrastructure and personnel needed. It requires the scope of emergency medicine to be reconsidered, defining its role not by the pressures placed upon emergency medicine but by the expertise that it can uniquely offer. By redefining the scope, emergency medicine can better integrate with other healthcare services, ensuring that patients receive the right care, at the right time, in the most appropriate setting.

To achieve a sustainable emergency care system, we must advocate for policies that reflect the broad nature of this crisis and address the local and national contexts in which we operate. Metrics for success should not merely count the volume of patients seen, or the time taken to see them, but should also assess the quality and outcomes of care provided. It is incumbent upon emergency medicine professionals to lead this discussion, informed by both evidence and experience, and to forge a new path that ensures emergency medicine's viability and vitality for the future.

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Reference

Atkinson P, McGeorge K, Innes G. Saving emergency medicine: is less more? Can J Emerg Med. 2022;24(1):9–11. https://doi.org/10.1007/s43678-021-00237-1

How to cite this article:
Atkinson P. Emergency care needs renovation, not resuscitation or palliation. Br J Hosp Med. 2023. https://doi.org/10.12968/hmed.2023.0403