A Vision for Organizing Emergency Medicine in Lebanon
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Introduction
In a country with a developed medical system, an oversupply of physicians, a high health expenditure equivalent to 12% of GDP\(^1\), and an unprecedented density of medical services, one finds himself neglected and a victim of a daily obsession of having an emergency health condition.

The development of the medical system coupled with the increased admissions to emergency departments is limiting health coverage appropriate to emergency health conditions. At the same time, the difficulty of working in emergency departments demands extra resources and highlights the need for a specialized emergency physician.

As such, emergency departments need to fulfill the needs and demands of patients according to quality indicators and continuous evaluation of professional practice. An emergency condition assumes the presence of a skilled physician that can intervene in a relatively limited time, a characteristic common to specialized emergency physicians.

A specialized emergency physician has to be at the center of receiving patients and providing quality care. Moreover, he has to be able to manage the patient’s and the family’s stress, be knowledgeable of the most recent technologies, and be able to train health workers in the division.

In identifying and classifying cases, there must be a clear distinction between public health emergencies such as those during wars and disasters, and individual emergencies that occur daily to people such as cardiac, stroke, accidents... If the former is not yet well organized in Lebanon due to the absence of a clear “National Plan”, the Lebanese society in general and the health sector in specific have proved effective in dealing with these emergencies. This is true due to the existence of a strong social support network, quality health care, and the experience based on long years of war. Such performance has long been admired by the international community. In the most recent armed conflict and despite the difficulties that hospitals faced due to the lack of a national plan that clarifies coordination mechanisms with the ministry of health, these hospitals were able to provide care for all emergency casualties. In that respect, the Lebanese Society of Emergency Medicine (LSEM) in coordination with the syndicate of private hospitals, under the supervision of the ministry of health and the support of the WHO, organized a training workshop in July 2007 on emergency medicine for all stakeholders. This workshop was then followed by targeted trainings for each sector alone\(^2\). After organizing these workshops, an emergency preparedness plan was developed, known as the White Plan\(^3\). This is the first step towards a national holistic system to deal with disasters and public health emergencies and a unique one throughout the Middle East. As for individual emergencies, it is worth noting that there is ongoing coordination between the syndicate of private hospitals and the LSEM to discuss the current situation and provide technical expertise that enables the ministry of health to organize this delicate sector and reach a modern plan that meets the needs of the citizens. There is no doubt that an organized emergency medicine system reflects societal development and offers a feeling of security which in turn reflects positively on public and individual health.
**Current Situation**

The presence of a specialized emergency physician in any emergency department is a vital necessity. Moreover, it is the first condition to accredit an emergency department in a hospital based on the accreditation program followed by the ministry of health. This highlights several challenges that hinder the work of hospitals. As such, the following paragraphs will further discuss these challenges and offer suggestions for the short and long term:

1. The first challenge is related to the small number of specialized emergency physicians in Lebanon distributed accordingly:
   a. Syndicate of Beirut Physicians: 22 are registered as specialized emergency physicians; 7 are registered in other specialties and at the same time hold a specialty in emergency medicine; out of those only 14 are practicing in emergency departments while the rest work in other sectors or abroad.
   b. Syndicate of the North Physicians: 6 are registered as specialized emergency physicians with only one physician practicing in the field.

   As a result 15 out of 35 registered physicians in the two syndicates are practicing in emergency departments; whereas the actual need in Lebanon for this specialty exceeds 400 physicians in order to meet the demand of the 131 private hospitals and 28 public hospitals. This is true if we assume that these hospitals need a full time specialized emergency physician and can accommodate individual emergency cases that require immediate intervention and complicated techniques.

2. The second challenge is related to the classification of hospitals, and more specifically of emergency departments. First a clear distinction has to be made between accreditation and classification; two terms that have been used interchangeably. Another distinction to be considered is that between accrediting a hospital and accrediting its emergency department. Although some hospitals have received accreditation, their emergency departments did not meet the conditions necessary for accreditation. As such, accreditation of hospitals and their classification has to be distinct from the accreditation of their emergency departments and their classification. For example, a small or specialized hospital may be highly accredited due to providing quality health care services; whereas it might not be able to receive emergency cases due to the lack of appropriate technologies, human and financial resources.

3. The third challenge is related to the covering the fees of specialized emergency physicians. Most insurance companies do cover those fees. However, when the emergency physician requests for the intervention of another physician based on the patient’s case, those fees are not recognized by the insurance company. It is worth noting that the role of the emergency physician is to receive the patient and offer him the appropriate treatment in the emergency room, and then direct him after performing necessary diagnostic tests to the appropriate physician who would, in turn, follow up the patient in or out of the hospital. As such, the role of the emergency physician is separate but complementary to that of the treating physician. For that reason, we ask insurance
companies to take this into consideration given that the presence of a specialized emergency physician would significantly reduce the health bill and at the same time insure a high quality of health care. As for the National Social Security Fund (NSSF), the LSEM has succeeded in adding emergency medicine to the list of specialties covered by this type of insurance\textsuperscript{5}. However, this step has not yet been practically implemented and the fees of emergency physicians are still not covered.

4. Last but not least, Lebanon possesses an effective first aid rescue system which has proved its courage, initiative, and development all through the years of war. However, despite our respect for the Lebanese Red Cross (LRC), it should be noted that the financial and human resources available for this organization are insufficient relative to the importance of its role and the size of its responsibilities. As such, the negative impact on its performance.

\textbf{Suggested Solutions}

It is of no doubt that organizing emergency medicine in Lebanon requires the presence of a genuine will for a radical change in the existing health policy and a solid cooperation among all stake holders to develop a reform program that takes into consideration all the factors mentioned above. For example, there are more than 22 centers for cardiac surgery while only one center for treating drug addiction. Moreover, there are very few well equipped emergency medicine units able to receive emergency cases 24 hours a day. In its first conference of spring 2005, the LSEM issued a number of recommendations for organizing emergency medicine in Lebanon. However, the security and political situations prevalent since have hindered their adoption. On another note, this insecurity has highlighted the importance of upgrading emergency medicine, to ensure the presence of regular medical support, and develop plans to deal with urgent situations.

Through LSEM regular meetings with stake holders, a real and serious concern in approaching this issue has been sensed especially with the minister of health and others concerned in improving this sector such as Dr. Bahij Aarbid, who has worked on several studies on this topic. However, this concern has to be practically translated through the development of rules and regulation that do not change with every change in ministry. These regulations have to be based on the experience of those practicing in the field and not on studies and suggestion of foreign organizations that do not fit with the local Lebanese context. According to those working in this sector, the presence of a specialized emergency physician in an emergency unit facilitates work from both the administrative and medical perspectives. It also limits the complications that might occur due to the mistakes of those with little experience in this field. As such, we have to agree that the responsibility of receiving urgent medical cases should not be with student interns.

Despite the respect we have to these future physicians and acknowledging that they have sufficient capacities each in his specialty, we consider that receiving urgent cases requires expertise and dealing with the patient as a whole and not as an isolated injury. Such an expertise is usually lacking among students. In case of a real will to change our health system and organize emergency medicine in Lebanon, the solution becomes easy if we commit to the following:

\textbf{On the short term}

A National Comprehensive Survey should be done to assess the available financial and human resources and the expected needs based on the number of population, their regional distribution
and the regional distribution of health care services. We have long heard about the necessity of such a health map which is the basis of any health care system.

The second step is the classification of hospitals and their emergency units to facilitate the referral of patients to the right division based on their health condition. We should note here the decision number 1/670 that was issued by the minister of health in 30/10/2006 that stipulates that “an patient has to be transported by rescuers to the nearest hospital without prior coordination or contact with the hospital which should offer the necessary treatment to save the life of the patient and if needed transferring the patient to another hospital should be the responsibility of the Lebanese Red Cross after ensuring the stability of the patient”.

There is no doubt that this decision works to the best interest of the patient and to limit errors by some members of the emergency team that might lack the sufficient skills and experience. As experts in emergency, we believe that this decision is a double edged sword: if the purpose is to protect the patient as is clear from the essence of this decision, its consequences might negatively affect the patient. In contrast to what the decision stipulates, we see it necessary to have prior coordination between rescue teams and emergency departments. Such coordination is effective in the presence of a specialized emergency physician who can evaluate the condition of a patient and refer him to the right hospital. For example, a patient suffering from a cardiac emergency should be transferred to a hospital equipped with a cardiac care division even if it is further away in distance. The purpose of evaluating a specific medical condition and classifying it requires skill and experience that only characterizes physicians.

**The rescue chain**

Considering that in medicine each case is as unique as a human being is, the process of evaluating a patient and his need for treatment should be the responsibility of a specialized emergency physician. Rescuing a patient with an urgent condition, transferring him to the right hospital and providing him with the appropriate treatment at the appropriate time is a series of inter related actions known as the “Rescue Chain”. This chain consists of several actions that interact with each other in a specific time known as the “Golden Time” or the “Golden Hour” as the use of this time is critical to the patient’s life. Based on this information we suggest the following:

- Establish an independent unit for emergency under the supervision of the ministry of health which would be responsible to manage, classify, and refer emergency cases to the appropriate hospital in coordination with the Lebanese Red Cross, other rescue teams and hospital emergency units. This unit should have specialized emergency physicians working in practical and effective shifts throughout the day according to standards developed by LSEM and the syndicate of physicians. The ministry of health would develop the unit’s funding mechanism and occupation in cooperation with the syndicate of physicians and hospitals.
- Enhance the financial and human capacities of the Lebanese Red Cross and encourage youth to participate in its work by providing them with financial and moral support and opening the opportunity for continuous paid work in this sector.
• Develop a national school for the training and continuing medical education of those working in emergency such as rescuers, nurses, and physicians. This school would also train members of the rescue team of the civil defense and the police and everyone responsible for protecting people’s lives. On a wider scale, the school will develop awareness campaigns and training programs for citizens who are considered to be the first loop in the rescue chain. These programs would teach them how to behave correctly in the face of an emergency. The LSEM would develop the educational and training curriculum of this school in cooperation with the ministry of health, education and other stakeholders.

**On the long term**

• Enhance technical capacities within ambulances. If the presence of a physician inside the ambulances is not necessary, we suggest the creation of jobs for Nurses or EMTs (emergency medicine technician) in this sector to support rescuers. This issue should be discussed between the minister of health, the syndicate of nurses, universities and technical institutions. We won’t go further in discussing this suggestion because the Lebanese Red Cross has developed a clear proposal in that respect. However, we would like to highlight the importance of nurses and EMT in this sector.

• Ensure that all universities develop a standalone emergency course in their medical and nursing schools as a main independents subject and not as a part of other subjects. In this respect, students are given a wider opportunity and a more comprehensive perspective in approaching emergency cases and considering the specific condition of the patient an indivisible part of his general condition. It is insufficient to know the symptoms of the illness and the general mechanisms of treating it; we should also be able to reach the appropriate diagnosis by studying the symptoms and the results of specific tests. We should also be able to take the right decision at the right time for the patient based on his specific condition.

• Develop an academic program in emergency (residency) within medical and nursing schools and orient students to specialize in this field rather than in fields having over supply of physicians. Nurses should also be encouraged to specialize in this domain instead of working abroad.

• As for covering and acknowledging fees of emergency physicians by insurance companies, we are certain that these companies would respond quickly to this request due to their interest in reducing the health bill, and more importantly protecting human life. In this case, there is an indirect interest since a completely treated patient after an emergency accident would save the insurance huge amounts of money incase this patient was not appropriately treated during the “Golden Hour”.

**Conclusion**

Emergency is considered a preventive medicine which can benefit people irrespective of their religion, political affiliation, social and financial status. Politicians in our country should ensure
the development of a modern and progressive plan to organize emergency medicine that would fit with the expectations of our people. And if we believe in God ‘s power; who is the only one who can give and take life we would like to say: We are not to blame God for our mistakes, laziness, and reluctance in developing a clear vision for organizing emergency medicine that would provide people with the least requirement to maintain their lives. First, we should abide by what we are supposed to do before we end up by saying: this is what God wants!

Abstract
Besides the individual emergencies that occur on a daily basis, Lebanon has faced several public health emergencies due to the wars the most recent of which was in 2006. Despite proving its efficiency and experience in dealing with such emergencies, there is a need to organize the emergency health system in Lebanon so as to ensure its effective and efficient performance to meet the needs and aspirations of the Lebanese people. The article looks at the current situation of emergency medicine in Lebanon and offers suggestions and recommendations for an organized emergency medicine system able to meet the demands of its consumers.

Key Words: emergency medicine, accreditation, certification.

REFERENCES
4. Accreditation Standards for Acute Hospitals No. 22 ER1.
6. Memo No.33, dated September 8, 2005 issued by the General Director Dr. Mohammed Karaki.

Notes
After this article was written several developments have occurred towards the organization of the emergency health sector in Lebanon.
- In 2008, a decision (No88/2008) by His Prime Minister, Fouad Saniora, which was based on the decree number 17 dated 11/07/2008 and ministry of health’s two memos dated 6/9/2006 and 24/9/2008, facilitated the establishment of a national committee for emergency and rescue services from road accidents.
A draft plan of action to organize the emergency and rescue services from road accidents is in place. This plan looks at the existing situation of emergency services in Lebanon which encompass rescuing services, blood banks, emergency and relief services, hospitalization and the relationship between insurance companies, hospitals and rescue services. Based on the current situation the plan highlights the need for decentralization, standardization of work of rescue teams, classification of emergency departments, prevention of injuries and the development of academic emergency programs.