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Strengthening paediatric emergency medicine in Pakistan is our need to reach millennium development goal 4

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By year 2015 United Nation targets to achieve the Millennium Development Goal (MGD) 4, of reducing morbidity and mortality in children. Achievement of this goal especially in the low income countries (LIC) requires substantial strengthening of the health care system.¹ Paediatric Emergency Medicine (PEM) needs growth in many aspects in our country. PEM in LIC such as Pakistan is at its weakest edge.²

In 1959, United Nation passed a declaration strengthening the fundamental needs and rights of children as a separate entity.³ The basis of this declaration was that, the children are different from adults in their anatomy and physiology, endocrine, psychological and behavioural variations. Their disease pattern, presentation and complications are all dissimilar from adults.⁴ Children at different ages have diversified symptoms of the same disease. Critically ill children have to wait in clinics and are admitted to general wards, which wastes precious golden hours of initial management.² Consequences of these delays results in poor outcome. This often results in increased chronic illnesses, disability and mortality.

PEM physicians improve the quality care of ill or injured children in a timely fashion.⁵ If our physicians especially those dealing with children in acute distress are better trained to handle such problems, many morbidities can be prevented. PEM physician not only works within the premises of Emergency Department, but he acts as a counselor, advocator and social worker. Disease advocating, managing and dealing the critical Paediatric disease/injuries remains the greatest challenges of future in the ultimate care of children even in the developed countries.⁶

There are numerous training programmes for acute care management of adult patients i.e. Basic Life Support, Advance Cardiac Life Support, Advance Trauma Life Support, Emergency Surgical Skills (Emergency Maternal and Child Health), Fundamentals of Critical care and Essential Burn Care and are designed for the early detection and immediate emergency and critical care management for adults. In most emergency rooms of Pakistan, experienced physicians in acute care management of adult patients are also managing Paediatric patients without formal training or

experience in PEM. Due to wide variation of uncontrolled emergent Paediatric situations specialized programmes have been implemented and formulated for more concise, acute and accurate assessment and management. They are exclusively different from those practices in controlled settings of general Paediatric ward based on the precise guidelines of Paediatric Advance Life Support, Advance Paediatric Life Support and Advance Trauma Life Support.⁷

Thirty percent of all emergency department visits comprise of Paediatric patients.⁸ To date we have been managing this academic and administrative problem without any specific PEM training available in Pakistan. Condition of PEM is far behind a satisfactory benchmark in majority of our hospitals. These problems can partially be explained by massive lack of resources for health care in LIC.⁹ There are undersupplied laboratories and support services, hospital management, and equipment supplies.¹⁰ This further makes management of poor and vulnerable Paediatric patients even more difficult.

Our need is to develop the infrastructure and build human resources and skills at a national level. This can be accomplished through a structured and aspiring PEM residency/fellow training programme. Paediatric trauma care, Paediatric formulary, pain management, toxicology and ambulatory services further build the discipline.⁴ Policy makers of LIC have unfortunately been unable to recognize the importance of PEM as a highly impactful stake holder to achieve the MDG4. Formulated and focused core curriculum, training programmes and workshops along with private and public sector collaboration is indeed essential to achieve our goals efficiently. It is time for PEM to step out of its embryonic and evolving phase to a recognized, matured and established specialty.

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