

Emergency Medical Services In Iran: An Overview

Mohammadkarim Bahadori^{1*}, Amirashkan Nasiripur¹, Shahram Tofighi², Mahmudreza Gohari³

- 1: Department of Health Management, Science & Research Branch, Islamic Azad University, Tehran, Iran
 - 2: Health Management Research Centre, Baqyattallah University of Medical Sciences, Tehran, Iran

3: Iran University of Medical Sciences, Tehran, Iran

REVIEW

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Corresponding Author:

Mohammadkarim Bahadori.
Department of Health Management,
Islamic Azad University,

Science & Research branch, Tehran, Iran.

Tell: +98.2144865100-3 Fax: +98.2144865105

E-mail: bahadorihealth@gmail.com

Abstract

Emergency Medical Services (EMS) in Iran, named "Emergency 115," was established in 1978 with cooperation from America. In Iran, EMS delivery is financed by the government and is free of charge. Established standards call for a response time of less than eight minutes in cities and less than 15 minutes in suburban areas for 80% of the cases, and this standard has been met everywhere in the country except for Tehran (the capital of Iran). Emergency services coverage for traffic accidents has exceeded 52.3%. In recent years, the Foundation of Medical Emergency Schools has established emergency medicine training programs for both EMS personnel and the general public. Also, personnel of the Iran Medical Emergency and Accidents Management Organization are establishing the standards for hospital emergency procedures and providing oversight of the emergency departments in hospitals. Over all, pre-hospital emergency services have made notable advances, and they are continuing to improve.

Key Words

Emergency Medicine, Iran, History, Education

Introduction

It has been established that many deaths and long term disabilities can be prevented through empowering the trauma centres and pre-hospital emergency services (1, 2 and 3). Iran is a western Asian country, located in the central Asian and Caucasus region, with an area of approximately 1,650,000 km2 and a population of more than 75 million people. Iran, which extends from the Caspian Sea (the world's largest lake) to the Oman Sea and the Persian Gulf, is a path for cultural-political relationships of Eastern World (4, 5). Hospitals and healthcare centres are managed by the Universities of Medical Sciences, which are under the control of the Ministry of Health. According to articles 3, 29, and 43 in the principles of constitutional law, the government of Iran must meet the basic needs of the public, such as education, health care, housing, and clothing. Therefore, the government is required to meet public health requirements. However, at the present time, the people must pay for 60% of their healthcare costs, whereas the Ministry of Health, social insurance, and other public organizations pay the rest. So far, efforts to decentralize the health structure have not been successful. For example, the heads of Universities of Medical Sciences are chosen by the Minister of Health, and the manager of a public hospital cannot select a payment method or a management manpower method freely and autonomously. Ministry budgeting has progressed from traditional, incremental budgeting to operational budgeting, but it has yet to progress to performance-based budgeting (6, 7).

At present, the average life expectancy in Iran is 73 years (74 years for women and 72 years for men), and the rate of population growth is approximately 1.6% per year. The index of physician to population is 1.35 physicians per 1000 people. There are currently 771 hospitals in the country. The number of emergency ambulances has increased to 2300 in 2008 (a 77% increase since 2003). Also, emergency services attending traffic accidents have increased from 35% in 2006 to 52.3% in 2008. On the main roads of country, there is an emergency station every 30 kilometres (8, 9). According to the World Health Organization (WHO), cardiovascular diseases are the most prevalent causes of mortality in Iran. Unintentional accidents are the second cause of mortality. Iran with 28000 annual deaths has the highest mortality rate from road traffic accidents in the