Critical Emergency Medicine: a global need for essential emergency and critical care

Emergency medicine is the medical specialty concerned with the diagnosis and management of urgent and emergency aspects of illness and injury. Emergency physicians focus on the immediate decision making and action necessary to prevent death or any further disability. Their primary responsibility is resuscitation and stabilization followed by a thorough investigation to diagnose and treat illnesses. However, during the last decades the primary and secondary assessment were not two distinct approaches; they were applied under the umbrella of a combined treatment strategy usually leading to poor situation awareness and low-quality immediate and effective care.

It was only in recent years that immediate life support and resuscitation of critically ill and injured patients became a major area of interest. Indeed, critical care resuscitation of the extremely critically ill patient is today one of the most important skill sets of anesthesiologists, intensivists, and emergency physicians. In 2010, the term “Critical Emergency Medicine” was introduced by the Scandinavian Society of Anaesthesiology and Intensive Care Medicine, who defined it as “immediate life support and resuscitation of critically ill and injured patients” to “distinguish these core activities from the broader internationally recognized medical specialty of emergency medicine”.

The European Board of Anaesthesiology and the European Society of Anaesthesiology adopted the term in 2016 to define anesthesiologists’ role in the acute management of life-threatening emergencies. Moreover, the European Training Requirement curriculum for anaesthesiology was updated in 2018 to state that Critical Emergency Medicine should form part of postgraduate training for doctors specializing in anaesthesiology. Nevertheless, the demanding clinical environment and the increasing needs in healthcare today mandate that Critical Emergency Medicine must include more specialties and all the departments/units of the hospital, being a prerequisite for all physicians managing critically ill patients. This is very important because critical care is the delivery of medical care to any patient who is physiologically unstable and in contrast to what many may believe, it is not defined by location but actually spans the continuum of care from the Emergency Department to the Operating Room or the Ward and eventually to the Intensive Care Unit.

The principle motivation of this special series is to expand the role of physicians into the state-of-the-art Critical Emergency Medicine and improve the care of patients in the first minutes to hours of their critical illness. I also believe that it will stimulate high-quality research that will further improve the in-hospital management and resuscitation of critically ill patients.

I am extremely happy to bring out this series and I want to congratulate and thank the authors for their time, insight, and forbearance. I dedicate it to all those who have made their best efforts to contribute to this publication.

Acknowledgments

Funding: None.

Footnote

Provenance and Peer Review: This article was commissioned by the editorial office, Journal of Emergency and Critical Care Medicine, for the series “Recent Advances in Critical Emergency Medicine: From Pathophysiology to Clinical Practice”. The article did not undergo external peer review.

Conflicts of Interest: The author has completed the ICMJE uniform disclosure form (available at http://dx.doi.org/10.21037/jeccm-2019-cem-11). The series “Recent Advances in Critical Emergency Medicine: From Pathophysiology to Clinical Practice” was commissioned by the editorial office without any funding or sponsorship. AC served as the unpaid Guest Editor of the series, and serves as an unpaid editorial board member of Journal of Emergency and Critical Care Medicine from May 2020 to April 2022. The author has no other conflicts of interest to declare.
Ethical Statement: The author is accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Open Access Statement: This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: https://creativecommons.org/licenses/by-nc-nd/4.0/.

Athanasios Chalkias, MD, PhD
Department of Anesthesiology, Faculty of Medicine, School of Health Sciences, University of Thessaly, Larisa, Greece. (Email: thanosch@ yahoo.gr)
Received: 14 June 2020; Accepted: 30 June 2020; Published: 30 July 2020.
doi: 10.21037/jeccm-2019-cem-11
View this article at: http://dx.doi.org/10.21037/jeccm-2019-cem-11