

The State of Emergency Medicine in Romania – a Foreign Emergency Physician's Perspective

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During 2006 I had the great privilege of participating in the REMSSy 4 project as the International Consultant on emergency medicine development. During this time I was able to meet many of the Romanian leaders in emergency medicine and to observe the operations of most of the emergency departments that are training the next generation of Romanian emergency physicians.

The gracious treatment I received at every institution I visited was truly impressive, and I cannot possibly thank enough all the Romanian colleagues who made me feel welcome, spent their valuable time explaining how they run their emergency departments and training programs, and tried, with infinite patience, to educate me regarding the complexities of being an emergency physician in Romania.

I want to take this opportunity to share my observations, as a complete outsider, about some of the particular challenges, excluding resident physician education, facing the specialty of emergency medicine in Romania. Many of the issues facing Romanian emergency physicians are not unique to Romania, but appear to be nearly universal to all countries developing the specialty. There are, however, several conditions in Romania that I believe particularly deserve to be highlighted so that Romanian emergency physicians, who are the only group capable of comprehending their scope, can truly focus on their resolution. This article will focus on some of the issues I believe are particularly obstructive to emergency medicine development in Romania. Each of these issues is individually deserving of significantly more extensive coverage by Romanian emergency physicians who are infinitely better acquainted with their complexities than I.

1. Definition of who is an "emergency physician"
2. The role of universities in the development of the specialty
3. Physician responsibility for patient care in the emergency department
4. Reimbursement for medical services

Definition of who is an "emergency physician"

As a new specialty, emergency physicians in Romania are comprised of a very heterogeneous group of physicians from varied backgrounds who perform a disparate range of duties. One of the critical issues facing the specialty is precisely this lack of shared background and professional

agenda. Ambulance-based physicians who perform little emergent care, pre-hospital critical care providers, and in-hospital emergency department based physicians all appear, and frequently compete, to be called "emergency physicians." There is, in all likelihood, at least a short-term future for all of these professional practice tracks in Romania. The challenge is to successfully integrate all those currently practicing under the title "emergency physician" while assuring that the specialty's future is not held hostage to the economic or political needs of any sub-group of current practitioners. Emergency physicians in other countries, including the USA, have faced similar issues of professional identity and professional status. Although residency training in emergency medicine has existed in the USA for more than 30 years, many currently practicing American emergency physicians trained before that time in specialties other than emergency medicine but ultimately became board certified in emergency medicine (although this possibility is no longer available through the American Board of Emergency Medicine). In addition, because there is a shortage of residency trained emergency physicians, many emergency departments, particularly in small towns or rural areas, are staffed by family practitioners, internists, or surgeons who, while working full-time in emergency departments, are not certified in emergency medicine by the American Board of Emergency Medicine. A similar solution to the Romanian "emergency physician" problem might allow only "emergency specialists" who have passed standardized national certification exams to work in major hospital emergency departments or on advanced life support vehicles, while non-specialist "emergency physicians" could work on basic life support vehicles or in rural emergency departments. Eventually limiting access to the specialist exams to only residency trained candidates, as well as strictly controlling the standardization of the exam throughout the country, are critical to determining that emergency physicians will gain the respect of other medical specialists. Allowing all physicians now calling themselves "emergency physicians" unlimited access to specialty examinations will only undermine the credibility of emergency medicine and emergency physicians.

The role of universities in the development of the specialty

The current university structure in Romania is clearly not supportive of the development of the specialty. Many of the current academic leaders of emergency medicine

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appointed through their university positions have neither the experience nor the interest in advancing the specialty of emergency medicine. The only way for Romanian emergency physicians to achieve professional and academic independence in the current environment appears to be through academic advancement in the universities. This will require numerous individuals to develop long term commitments to research, publication, and education. Fortunately, there are considerable opportunities in Romania to explore all of these components of academic advancement in emergency medicine. Unfortunately, there is a concurrent severe shortage of academic mentors either willing or capable of providing career development guidance. I strongly believe that establishing partnerships with academic emergency physicians in other countries is the most efficient way to gain access to the diverse resources necessary to perform credible research and produce quality publications. The only way Romanian emergency medicine will ever achieve parity with the other medical specialties is for the pre-eminent Romanian emergency physicians to work towards full professorships in the universities.

Physician responsibility for patient care in the emergency department

Perhaps the single greatest imperative for creating the role of the emergency physician throughout so many countries in the world has been patients' inability to effectively advocate for themselves when they are in extremis. Even with the presence of the emergency physician to claim "this is my patient" during the emergency evaluation, there is all too often the potential for physicians from consulting services to find numerous reasons why "this is not my patient." Homeless, psychotic, or chronically intoxicated patients are never attractive additions to any in-patient service. Perhaps the most contentious issue for emergency physicians everywhere is the dilemma of the seriously ill patient who does not meet any consultant's preconceived notions of "an appropriate admission to my service." Everyone who has practiced emergency medicine for any length of time can recognize these patients; the elderly man who lives alone and has bilateral non-operative arm fractures; the pregnant patient in diabetic ketoacidosis; the psychotic patient who has swallowed a razor-blade. For better or worse, as emergency physicians we have chosen to treat, and thereby act as the advocate for, anyone presenting to our departments. But for some unclear reason our colleagues feel entitled to pick and choose among patients, and this problem is particularly acute in Romania. Admissions guidelines, an agreed upon list of what diagnoses are admitted to each in-patient service, can help, but they are never exhaustive. Each department needs to develop a designated algorithm to guide admissions disputes with specific time-limits for resolution stated. If Doctor X doesn't respond to the request to resolve the dispute within one hour – done – the patient is admitted to Doctor X. Doctor X will then counter with "but I have no space." Our colleagues must be made to acknowledge inconvenient fact that the emergency department does not have infinite space either. Doctor X can either make space on his service or Doctor X must arrange transfer to another hospital. I can guarantee you that given the choice, Doctor X will not make the 50 phone calls he wants you to make so that he can avoid the patient. Of course, these kind of rules need to be established at the highest levels – with associated penalties if they are violated. Gently but firmly encouraging our colleagues to do their jobs is, unfortunately, part of every emergency physician's job.

Reimbursement for medical services

This last issue is the most crucial, not just for emergency medicine, but for medicine in Romania in general. Payments of "black money" are clearly accepted practice in a system where professionals are paid salaries incompatible with economic survival. These payments are corrosive to the entire healthcare profession. Patients do not believe they are receiving optimum care without payments. Doctors and nurses are continually suspect because so many accept or even demand such payments. But the system will remain unchanged as long as healthcare professionals make salaries that are not commensurate with the services being provided, let alone making salaries they can support families on in twenty-first century Romania. Legalizing bribery is clearly inappropriate, and would only exacerbate the current system's inequalities. Making payments to doctors, nurses, and other healthcare professionals economically realistic is a good start, but to support such a system will involve greatly increasing the population's payments into the insurance system. Unfortunately, enforcing criminal penalties for the professionals who continue to accept payments, as well as for the patients who continue to offer them will also be necessary. In reality, the additional payments into the Romanian healthcare system are already being made by these massive "black money" offerings, but there is no subsequent accountability for the proper distribution of the funds or for the quality of the services that are being provided.

Despite these very significant challenges, I am continually impressed by the energy, intellectual integrity, and commitment of my emergency medicine colleagues in Romania. The specialty has made great progress in the past two decades, and is significantly more developed in Romania than in most other parts of Europe. In Romania emergency medicine is a recognized specialty, has its own journals, produces research, and is training the next generation of emergency physicians in Romania to be highly competent clinicians and even better educators. All of these factors will lead to greatly improved emergency care in Romania in the years to come.