

Emergency medicine in Hong Kong

The inclusion of articles and a seminar series¹⁻⁴ on emergency medicine in this issue of the *Hong Kong Medical Journal* illustrates that the specialty has matured well in Hong Kong. Medical colleagues might be forgiven for feeling confused about the exact definition of the specialty, which has changed its name at least twice during the second half of the 20th century. Many older doctors will remember having worked in 'casualty', which was merely an extension of the out-patient services until after the Second World War. As Wong⁵ notes, the nature of the work can be recognised in the pages of *A Many Splendoured Thing* by Dr Elisabeth Tang, writing under her pen-name of Han Suyin.⁶ The first casualty department in Hong Kong was established at the Queen Mary Hospital in 1947, and similar departments across the territory became gradually busier dealing with the health-care needs of waves of refugees from China. For many years, the Hong Kong medical system followed the British pattern closely, and not surprisingly 'casualty' departments in the Crown Colony became 'Accident and Emergency' (A&E) departments, in line with the recommendations of Sir Harry Platt's working party of 1962.⁷ The change was intended to discourage the 'casual' use of the departments, but public willpower proved, as ever, stronger than that of the experts.

In North America, trauma management is considered to be the separate province of surgeons, and the equivalent term for casualty has always been 'emergency medicine'. Although Hong Kong initially tried to cover all options, with the formation of the Hong Kong Society for Emergency Medicine and Surgery in 1985, the creation of a college in 1997 demanded a certain focus. The medical community seems comfortable with the name of the Hong Kong College of Emergency Medicine, and there appears to be no conflict with the title of A&E departments.

So are there any difficulties remaining? Essentially, emergency medicine is one of the few specialties defined by the mode of presentation of its patients. Most others are characterised either by specific disease processes (eg rheumatology) or by the investigation or treatment modes offered (eg radiology or surgery). One of the best definitions of the patient base of the specialty is contained in the 1910 report of King Edward's Hospital Fund⁸:

It is said that there is a tendency for the casualty department to grow until it becomes a duplicate outpatient department, differing from the outpatient department proper in being subject to less regulation as regards hours of attendance and enquiry into circumstances. The true casualties, however, if their numbers were recorded, would stand in a class by themselves.... They comprise injuries by accident and sudden attacks of illness which require immediate attention and treatment.

Ninety years later, the scope of care available has changed, but not the essential difficulties with public access to health care. We are still burdened with large numbers of unsorted, non-urgent cases, despite the existence of other options for patients. It is tempting to blame this situation on the fact that A&E departments provide free treatment, while studies indicate that patient choice depends more on the perceived ease of access.⁹ Hong Kong faces important decisions about this access, including whether to discourage inappropriate attendance by introducing fees or by the diversion, after skilled triage, of such patients to alternative primary care facilities. Despite the proven clinical capabilities and high workload of emergency physicians in Hong Kong, some doctors still question the need for a separate specialty to deal with the 2 million attendances each year. What facts exist to demonstrate that emergency medicine is a specialty and not an administrative convenience? Using the criteria of Dallos,¹⁰ emergency medicine in Hong Kong has the following attributes of a specialty:

- (1) Special clinical expertise—expertise in the field of triage, resuscitation and disaster management, with special skills in the rapid diagnosis of emergency conditions;
- (2) Specialist training—successful completion of a training programme organised by the Hong Kong College of Emergency Medicine is recognised by the Hong Kong Academy of Medicine and the Medical Council of Hong Kong as a specialist status and eligibility for specialist registration;
- (3) Training value to medicine in general—training in emergency medicine provides valuable experience for doctors who are training to be specialists in nearly every discipline, particularly the surgical specialties and family medicine. Emergency

- medicine provides the bulk of all resuscitation training (paediatric and adult) in Hong Kong; and
- (4) Guild awareness—as early as 1985, long before the creation of a college, emergency physicians formed a professional society, which has standardised induction training and reading materials for trainees.

We may add to this list the increasing contribution to local and international research and evidence-based practice, the sources of which are by no means confined to the teaching hospitals. Many of the special features of emergency medicine in Hong Kong are described in this issue. The future holds many challenges, some potential changes, and also a lot of promise for this youthful specialty.

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