

LETTER

How the COVID-19 pandemic illustrated the importance of emergency medicine, and its vital role as a pillar of the healthcare system

The COVID-19 has illustrated the pillar role played by Emergency Physicians (EPs) in the healthcare system. As with previous extraordinary events (such as the 2003 Severe Acute Respiratory Syndrome (SARS) pandemic), Emergency Departments (EDs) took the lead in the early stages of the medical response to the pandemic, becoming the first port of call for suspected cases, all the while maintaining their regular activity. In this letter to the editor, we review the work done by Emergency Medicine (EM) professionals, who in the hour of need delivered care to those affected regardless of the exposure risks, and by doing so acted as buffers, giving time for the rest of the healthcare system to prepare.

In Switzerland, EM has struggled to earn full recognition as a specialty and EPs have consequently regularly been excluded from healthcare policy and funding discussions. However, as the number of cases grew in the first couple of weeks of the COVID-19 pandemic, this dynamic changed. The false sense of security afforded by the distance to Wuhan having led authorities to observe rather than plan, the system, suddenly faced with a potential surge of infected patients, turned to EDs for the management of suspected cases, as the rest of the healthcare system was not prepared (to deal with such cases). Overnight, EDs became the frontline and took the lead in coordinating the acute medical response nationwide. Communicating through unofficial channels and without national guidelines to refer to, Switzerland's 138 EDs took on the task of developing local and national strategies to handle the surge of potentially infected patients. Faced with an ever increasing number of consults (both COVID-10 and non COVID-19 related cases, the latter

a consequence of non-urgent healthcare services having been placed on hold¹), EDs were able to rapidly increase their workforce (often relying on retired or ex-ED staff), and completely reorganised the healthcare infrastructure to divide hospitals into 'hot' and 'cold' areas. EPs, due in part to their training and experience, became leaders in the acute response, establishing standards of care, and, with regular feedback to governing authorities, helped prepare the healthcare system to deal with suspected cases, by rapidly recognising and lobbying for an increase in infrastructure, paramedical and medical equipment, as well as the need to increase national pharmaceutical stocks. In doing so, EPs helped guide other specialists; their opinion, professional experience, and the importance of their work was suddenly recognised.

Aside from reaffirming the importance of an EM specialty (and the need for a dedicated training pathway), COVID-19 has unfortunately also validated concerns that had previously been raised by EPs worldwide about the ability of crowded EDs to handle a surge of patients in a mass disaster or pandemic. Incidentally, the pandemic also demonstrated the realistic potential of improving ED flow, a problem which has been plaguing EDs worldwide for years and which was often dismissed by other hospitalists. This has made it abundantly clear that EPs need to be heard and involved in discussions on healthcare policies and funding. We believe that including EPs in these discussions will help hospitals better prepare for a potential next COVID-19 wave, a future pandemic, or even the annual seasonal influenza. In Switzerland, we believe this will only happen when EM is finally recognised as a fully fledged specialty by governing authorities and other medical specialists (who to this day have been vocally opposed to EM, yet depended on these same specialists in the hour of need).

Today, we are more than ever proud to call ourselves Emergency Physicians, and be part of a team of healthcare providers that are ready to put themselves at risk for the good of others. We the authors hope to see that the changes witnessed during this

pandemic will help bring improvements to EM in the long run, and that politicians (and other medical specialists) in Switzerland, who in the hour of need called on us (and we answered), will now recognise the need for a fully fledged specialty.

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