Short Report

An assessment of opinion of Indian physicians about emergency medicine in India

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ABSTRACT

Background. Emergency medicine (EM) has recently been recognized as a specialty in India and formal training programmes are yet to be developed.

Methods. A survey was devised to elicit the opinion of recently graduated physicians in Chennai, India about EM as well as about the current state of EM in India. A convenience sample of 130 respondents filled out a 21-question survey.

Results. Ninety-four per cent of respondents stated that EM was essential for providing quality healthcare; 94% of respondents felt there needs to be a change in emergency departments in India, with only 20% stating they were proud of the emergency departments in India. Seventy-six per cent of respondents were more likely to consider EM if the specialty was recognized by the Medical Council of India and 76% were inclined to pursue the specialty if there were more training programmes.

Conclusion. Recently graduated physicians found flaws in the current state of emergency care in India; however, overall they remain interested in the field of EM.


INTRODUCTION

Over the past 40 years, emergency medicine (EM) has developed into a specialty combining knowledge and skills from multiple specialties to provide prompt and effective management. It is recognized as a specialty in 46 countries.1,2

EM is in its infancy in India. In July 2009, the Medical Council of India (MCI) recognized the specialty of EM. However, a few training programmes that exist are awaiting accreditation by the MCI.3 As a result, the vast majority of emergency departments (EDs) continue to be staffed by recently graduated physicians who lack experience and are often rotating through the ED while awaiting other job positions or preparing to take entrance examinations.4,5 These doctors receive no standardized training and are often unsupervised, resulting in the most junior and inexperienced physicians treating the most seriously injured and complex patients.6 A retrospective observational study in our institution in Chennai, in 2007, underlined the compelling need for improved emergency care.4

The epidemiological transition taking place in India is characterized by urbanization and westernization.7 It is reported that one person dies every 6 minutes in India due to road traffic accidents and this is expected to be more than one in every 3 minutes by 2020.8 WHO estimates project that deaths due to road traffic accidents in India will continue to climb until 2042.7 A review of trauma care in India in 2003 found many serious flaws.9 Several studies have illustrated a 15%–30% reduction in deaths in different parts of the world due to better organization of overall trauma care which typically begins within the ED.5,10

In the year 2000, about 28 million people were afflicted with coronary artery disease in India; this number is projected to increase to 62 million by 2015, i.e. an increase of 114% in 15 years.9,11 A prospective study has shown that patients with acute coronary syndrome often do not receive optimal evidence-based treatment.11 Experiences of other countries suggest that implementing advanced emergency care would reduce morbidity and mortality.12

EM plays a vital role in the preparation and execution of medical response for natural and man-made disasters.13 The casualties of the Gujarat earthquake in 2006 and the terror attack in Mumbai in 2008 revealed that professional emergency care remains an elusive reality for much of India. In contrast, EM physicians were actively involved in natural and man-made disasters of Hurricane Katrina in August of 2005 in New Orleans, Louisiana and in the terrorist attacks in the USA in 2001.14 The western EM community has assumed a strong role in disaster planning, and disaster medicine is a recognized subspecialty within EM.

To establish quality EM training programmes, India will need to rely on young physicians and medical students as they will be policy-makers, administrators and academic emergency physicians of tomorrow.15 In this small, opinion-based survey, we attempted to elicit the opinions of young Indian physicians about EM in India.

METHODS

A questionnaire was designed to assess the opinion of physicians about EM in India. The study was done in Chennai, India by selecting a convenience sample of recently graduated physicians from libraries in the city, an intern hostel at one of the city’s government hospitals, and resident physicians working at Sundaram Medical Foundation in Annanagar (Chennai). The survey information included a paragraph which stated the purpose of the study and explained the physician’s right to refuse to participate. No incentives were offered for completing the questionnaire. To ensure anonymity, the respondent’s name and identity were not recorded. The survey questionnaire was handed out to respondents and returned immediately to the researchers collecting the data.

The questionnaire had 21 questions. The issues addressed
included (i) year of graduation, (ii) career plans, (iii) personal opinion about the field of EM, (iv) desirability of EM as a career, (v) desirability of EM as a career if it was recognized by MCI, (vi) how EDs are run in India, (vii) their experience of working in an ED, and (viii) whether they had any mentor in EM. Two of the questions were based on a modified 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). Additional questions were in a yes/no format and the final three were open-ended questions.

The data were managed on a Microsoft Excel spreadsheet (version 2003, Microsoft Corp, Seattle, Washington). The data were expressed in percentages, with 95% CI expressed in percentage.

RESULTS
A total of 130 physicians completed the survey; most of them (68%) were in their first three years after graduation from medical school. Only 8 respondents (6.5%) were planning on pursuing a career in EM, with only 4 planning on staying in India to train for EM, and 4 planning on training in the USA. None were enrolled in any certificate EM programmes at the time of the survey. The majority (75%, 95% CI 69%–81%) of physicians planned to pursue training in India; 93.5% (95% CI 88%–98%) of respondents found EM an ‘essential’ component of healthcare and 94.3% (95% CI 90%–99%) felt there needs to be a change in the way EDs are run in India, with only 20% (95% CI 13%–27%) stating they were ‘proud’ of EDs in India.

About 77% (95% CI 70%–84%), stated they would be more interested in pursuing a career in EM if there were training programmes, and 76% (95% CI 69%–83%) if the programmes were recognized by MCI. Not surprisingly, only 32% (95% CI 26%–40%) could identify a mentor in the field of EM. Despite the concern over the current state of EDs, 83% (95% CI 72%–84%) mentioned they enjoyed their time while working in the ED. Of those who had worked in an ED, the majority found poor supervision (71%, 95% CI 62%–80%) and lack of formal training (80%, 95% CI 75%–80%).

DISCUSSION
There are several limitations of our study. First, we took a convenience sample from different locations in Chennai in an attempt to include a representative sample of newly trained physicians; however, this sample may not be representative of physicians on the whole. Second, the researchers who administered the questionnaire were trained in the USA in EM, which may have biased responses. On the other hand, it is likely that getting the questionnaire from strangers could have made the respondents less biased.

It has been suggested that to adequately treat a population, there should be approximately one trained EM physician per 10 000 people. This would mean nearly 100 000 EM physicians in India, whereas only a handful exist. This lack of skilled EM physicians leaves a large lacuna of unfilled positions that could potentially be filled by many eager, enthusiastic physicians who were surveyed in this study. Several countries have embarked on the process of establishing and developing EM departments and training programmes with starting positions quite similar to the situation in India.

Urbanization of Indian society has led to the unfortunate situation wherein trauma, cardiovascular diseases and natural and man-made disasters have become an everyday occurrence. EM provides 24-hour care, 7 days a week and is often most utilized in cities. Urban centres are often the first area within countries to adopt and implement the initial development of EM. Given the increasing urbanization in India, which includes some of the largest cities in the world, training EM physicians is likely to have a considerable impact on the initiation of EM in urban areas such as Chennai.

EM in India has been recognized as a specialty. This will pave the way for approved training programmes in due course. This study is relevant as it interviewed young physicians who could become leaders in EM in the near future. It is heartening to note that the majority of physicians felt there was a need to change the way EM departments are run currently. It bodes well for the future of EM in India that physicians in India would be more interested in pursuing a career in EM if there were more training programmes and, more importantly, if the MCI recognized the currently functioning training programmes. This convenience sample of physicians echoes the views of many physicians that there needs to be a change in EM in India, and that many would be interested in participating in that change.

REFERENCES