

Special Article - A Rural Health Perspective

Emergency Medicine - A Rural Health Perspective

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Editorial

Rural areas have historically been medically underserved all over the world. This is especially true for emergency medical services. There are a variety of social, economic and political reasons contributing to this skewed distribution of health care resources. Whilst it's difficult to dwell in to the reasons individually, it's none the less important to realize that due to the rural - urban divide health care delivery in a rural setting requires an entirely different approach. Several training programs in the United States and the world over are beginning to realize this and have developed curricula that address the challenges faced in delivering health care in a rural and most often resource constrained settings.

Physicians working in rural emergency rooms face several unique challenges. In a vast majority of rural emergency rooms, ancillary services, even if available, are often a send out to distant facilities. As a result, a number of ancillary services are not available at the time of clinical decision-making. This poses several challenges, which a vast majority of clinicians are not trained for. Clinicians often have to rely on clinical judgment with limited subspecialty back up. Vast majority of rural hospitals are understaffed, the shortage is more acute for specialty and subspecialty physicians. Consultations are often delayed, as most of them are telephonic. Often, rural emergency medicine physicians are placed in a position where the decision to admit or transfer to a higher facility is the most crucial decision -

where as the vast majority of their training has focused on honing the skills need to determine whether the patient needs to be admitted or discharged. When a decision is made to transfer the patient to a higher facility, rural emergency medicine physicians have to work around multiple obstacles. From the weather conditions, bed availability at the accepting facility to the wishes of the family - several administrative, social and legal challenges prevent a successful and timely transfer out. Increasingly, direct transfer or transfer from the scene of accident, has been implemented due to increased availability of air evacuation. This has helped circumvent some of the challenges. However, this has affected the bottom line of rural hospitals forcing several of them to loose their operational status. Rural hospitals are often community based, with restricted finances. Decreasing emergency room visits, amongst a host of other reasons, have resulted in a considerable strain on their financial health. This indirectly affects access to emergency care in rural communities in a negative fashion. These questions, among others, pose unique challenges to researchers in rural emergency medicine.

One of the challenges faced by emergency rooms across the United States and rural emergency rooms in particular is the use of emergency services for non - emergent medical conditions. Several studies have looked into this question with an attempt to analyze the contributing factors. Studies have looked at various demographic and social as well as population health parameters. Several of them are modifiable with education and public health initiatives. A summary of current knowledge in this area would be of help to policy makers, hospital administrators and practicing emergency medicine physicians. In this issue of the journal we call for research and ideas that shed light on this important and increasingly relevant topic. We dedicate this issue to all healthcare providers that serve rural communities.