EMERGENCY MEDICINE

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After completing an internship at Groote Schuur Hospital in 1977, Clive Balfour followed his own rotation in disciplines that would equip him for practising 'acute medicine'. Subsequently he did a year as a 'trainee' family physician before completing the Membership in Family Medicine in 1981. He practised as a family physician for 15 years before pursuing emergency medicine full-time. After working visits to the UK and USA he returned to Cape Town where he initiated the development of a Division of Emergency Medicine at UCT in 2001.

2004 marks the coming of age of emergency medicine in South Africa. A new discipline is born out of interest and need. Certainly the interest has been present for many years. The need has been present for the same length of time, but this has not been readily accepted until the need was demonstrated in terms of both a service and an academic need.

This edition of *CME* has been dedicated to emergency medicine, and it is hoped that it will aid in bringing the new discipline to the generalist. Emergency facilities, both pre-hospital and in-hospital, will remain reliant on medical officers and general practitioners to maintain the 24-hour service that is required.

There are now many courses available to generalists to equip them to confidently manage a wide spectrum of emergencies. Details of these courses can be obtained by contacting the university departments of emergency medicine.

The USA was the first country to register the specialty of emergency medicine in 1979, and thereafter other First-World countries followed. The Emergency Medicine Society of South Africa (EMSSA) was formed in 1998. Although there was scattered interest in emergency medicine this newly formed society positioned itself to represent all interested parties in our country. Full credit must go to Campbell MacFarlane and Walter Kloeck for their endeavours in this regard. EMSSA has been responsible for the specialty of emergency medicine being registered by the Health Professions Council of South Africa (March 2003), and for the establishment of the new College of Emergency Medicine (May 2003) within the Colleges of Medicine of South Africa. During the same time university departments or divisions were established at the universities of the Witwatersrand (Wits), Pretoria and Cape Town.

National regulations for both emergency medical services and emergency units are in the process of being finalised by the Department of Health. These regulations include standards of function, service delivery, training, equipment and staffing, as well as a registration process for emergency facilities.

In the UK there are approximately 280 consultant posts for emergency physicians. In general our need of emergency care is probably greater than that of the UK, considering that both 'epidemics' in South Africa — trauma and AIDS — impact significantly on emergency care. It is estimated that South Africa will require in the order of 200 emergency physicians to fulfil both service and teaching needs.

The University of Cape Town has offered a Master of Philosophy degree in emergency medicine since 2001, and there are currently 20 students registered for this 2-year programme which is offered nationally. A joint MMed programme in emergency medicine between the universities of Cape Town and Stellenbosch was developed in 2003, and the first specialist registrars began the 4-year rotation in January 2004. This is the first joint MMed programme in the country, and although in its infancy, it may lay the ground for future collaboration between these two Health Science faculties, as well as future 'partnerships' between other

universities. It is envisaged that a Joint Division of Emergency Medicine between Stellenbosch and Cape Town will evolve.

The Netcare Foundation Chair of Emergency Medicine was established at Wits in November 2003, with Professor C MacFarlane as Foundation Professor. The Chair is developing an MMed and an MSc (Med) in emergency medicine, and it is anticipated that these programmes will be implemented as soon as all the required structures are in place. Wits is in collaboration with the Office of Disaster Preparedness in Africa, which is based at Wits, with a view to promoting disaster management activity.
The Department of Emergency Medicine at Pretoria University has a new head in Dr Dries Engelbrecht. An MMed degree in emergency medicine has been registered, and the first intake of registrars is anticipated in 2005.

The *Emergency Medicine Journal* (UK parent journal) now includes a quarterly South African edition, which is the official journal for the Emergency Medicine Society of South Africa and the Trauma Society of South Africa. Members of these societies receive the journal free of charge.

Re-curriculation of undergraduate programmes is allowing opportunities for emergency medicine to be included in some undergraduate programmes in South Africa for the first time. The University of Cape Town will include emergency medicine from the third year of study in 2004, in the 6-year undergraduate programme. Wits is developing new concepts of emergency medicine undergraduate training for their new graduate entry medical programme.

Contact details for university departments

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- Witwatersrand: Professor C MacFarlane, tel (011) 717-2041, e-mail: **macfarlanec@medicine.wits.ac.za**
- Pretoria: Dr D Engelbrecht, tel (012) 354-2532, e-mail: **n.calitz@med.up.ac.za**

SINGLE SUTURE

WRONG DIAGNOSES

A study in the UK has found that many patients in intensive care are being wrongly diagnosed. Major heart attacks, cancer and pulmonary embolism are apparently being missed, not through incompetence, but because so few postmortems are being performed that doctors cannot learn from their mistakes. A consultant in intensive care medicine at Birmingham Heartlands Hospital checked the accuracy of diagnoses by comparing postmortem results with patients' medical records and found that major problems had been missed in 39% of cases. Similar problems are being found in the USA, and many also blame increasing reliance on expensive scanners as well as the falling number of postmortems. Relatives need to give permission for most postmortems and this has not been happening over the past 5 years after scandals involving retention of body parts.

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