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Need of the hour: finding alternatives to a centralized Emergency Medical Services (EMS) system in Pakistan

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The World Health Organization (WHO) recognizes Pakistan to be one of the top contributors in deaths related to accidental and road traffic injuries, mostly in the age group of 15-29.1. Even though preventing road accidents and investing in road safety has shown to benefit economy significantly, Pakistan spends only a minute fraction, approximately $0.07 per capita on road safety, which is around 0.2% of its military budget.[1]

The reason behind these alarming numbers and statistics is the lack of awareness and education in the general population and lack of adequate training about Basic Life Support (BLS) and trauma management in healthcare professionals in Pakistan.[2] Moreover, Pakistan, also lacks organized Emergency Medical Services (EMS) system and pre-hospital care; thereby, the injury gets further aggravated by the time it reaches to the nearest healthcare facility.[1].

Statistics also reveal that Developed countries – with better safety protocols, organized emergency medical services and improved awareness in the general population – have been able to diminish this problem and limit the extent of disabilities associated with trauma.[3] Meanwhile, in the developing countries, an increasing trend of the number of injuries related to mortality is reported.[3].

The establishment of a formal EMS system appears to be the most plausible permanent solution to reduce the morbidity and mortality associated with trauma in Pakistan. Being a developing country, a shortage of financial and infrastructural resources hinders the development of a centralized EMS system for the foreseeable future; however, prospects of achieving the desired goal have not faded away. A pilot program carried out in the West African country of Ghana is a prime example of how training laypersons, particularly those most likely to come across injured patients, can improve pre-hospital trauma care, even in the setting of an absent EMS system.[4]

Accidental injuries have altered the course of life for many; some succumb to death, some flounder against irreversible, physical, and psychological trauma. Immediate and cost-effective interventions to improve the outcome of trauma patients in Pakistan are a need of the moment. Nationwide efforts to properly train laypeople as first responders, proficient in entry-level protocols like BLS and on-site stabilization of patients should be the key priority for policymakers. Simulation, proven to be critical in emergency medical training[5], can also be adopted as an adjunct learning tool. Facilitating the existing ambulance services and improving current informal mechanisms of care are additional strategies which can ensure safe transfer to hospitals and thus, increase chances of patient survival.

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