



## Interview from Lebanon: Dr. A. Antoine Kazzi

by Daniel Nishijima, MD and Brian Potts, MD MBA

The recent war between Hezbollah and Israel ravaged Lebanon from July 12, 2006, until a United Nations brokered ceasefire went into effect on August 14, 2006. The conflict cost the lives of nearly 1,200 people in Lebanon and wounded another 3,500, most of whom were civilians, as well as approximately 160 Israelis. Of the Lebanese civilian casualties, almost one third involved children under 13 years of age. The United Nations Development Program (UNDP) initially estimated about 35,000 homes and businesses in Lebanon were destroyed in the conflict, while a quarter of the country's road bridges or overpasses were damaged. It has been estimated that the overall economic losses for Lebanon from the month-long conflict between Israel and Hezbollah totaled approximately \$15 billion.

This is an interview with Dr. Kazzi conducted on August 21, 2006, about the current situation in Lebanon and about the month long conflict between Hezbollah and Israel.

Dr. A. Antoine Kazzi is the Chief of Service and the Chair-Elect for the Department of Emergency Medicine at the American University of Beirut (AUB). AUB is widely regarded as one of the lead teaching tertiary medical centers in the Middle East. He is also an Associate Professor of Clinical Emergency Medicine at the Department of Emergency Medicine at University of California, Irvine, as well as the Immediate Past President of the American Academy of Emergency Medicine.

1) Could you describe your role within AUB and also the role of EM at the hospital?

I am currently serving as the Chief of Service and the Chair-Elect for the Department of Emergency Medicine that is being established at the American University of Beirut.

The emergency department at AUB has a similar role to the role emergency departments play in U.S. hospitals. Mainly, ABMS board certified physicians work here at AUB to train residents, most of whom are residents (PGY-II) and interns with occasional PGY-IV coverage in the internal medicine section. Considered the gate to the institution, 40% of inpatient admissions come through the ED.

With regard to EM, AUB has unfortunately lagged up to 35 years behind the rest of the U.S. medical schools and academic centers. For decades, emergency medical services have been provided through a fragmented multidisciplinary Emergency Unit (EU).

At AUB, EM has been functioning as a fragmented multidisciplinary under-administered operation for many decades. What should be a department – the ER – is referred to as an “Emergency Unit (EU).” The reality is that its fragmentation has made it often operate sub-optimally and certainly not as consistently as a “Unit” should have. Services and disciplines staff different overlapping sections of the EU and run into significant, almost daily, conflict over who should assume or continue the care of specific patients.

However, the exceptional service provided by the EU and AUBMC to Beirut and Lebanon should be acknowledged. The EU serves as the entry point for all acutely ill or injured patients at one of the preferred Lebanese tertiary care centers. It is a vital community resource which is well known to the Red Cross, Civil Defense and patients as the only emergency service that will NEVER turn away ANY patient presenting to its door until they have been assessed and properly treated or stabilized. No patient is refused proper assessment. Its policy and intent have always been to evaluate all patients who reach its doors and to properly stabilize them.

AUBMC is widely considered to be the prime trauma center in Lebanon and often serves as a default burn center. This vital role for AUB certainly depends on the emergency unit, its operation, resources and administration. The exceptional importance of the AUB emergency services has been repeatedly demonstrated through its dealings with the unfortunate mass casualty events in Beirut. The AUBMC Emergency Unit is the preferred destination for the Lebanese Red Cross and Civil Defense whenever they are faced with mass casualty events such as the explosion which murdered Prime Minister Hariri (126 casualties in 2 hours), the February 5th Ashrafieh riots (47 casualties in 3 hours) and the July 2006 war (155 war traumatic casualties, 63 inter-hospital transfers and more than 1,300 displaced patients).

On the clinical side, the AUB Medical Center Emergency Unit currently treats the largest number of patients in Beirut and likely in all of Lebanon: 41,000 registered patients in 2005. It is also estimated that another 10% (4000 patients) are evaluated and assessed but leave prior to the completion of ED registration. The acuity has always been high and also remained unchanged, with nearly 1/5th of EU patients requiring admission to the inpatient setting at AUBMC. This represents 40% of all AUBMC admissions.

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Unlike the outpatient clinics, the EU provides acute care to a wide variety of emergency needs for the community and medical center, for patients who arrive in acute distress with a large number of extremely anxious and demanding family members and visitors. The space allocated for these visitors is very inadequate and underutilized. The EU clinical area is then overcrowded by family members and visitors who have no place to sit and spend their time interfering again and again with the physician and nursing care of other patients.

The expectations and the clinical, operational and administrative needs of patients and families in the EU are exceptionally high, certainly exceeding those seen anywhere in the USA. Yet, everyone wants everything done for free or very inexpensively; most expect every resource or AUB contact they have to be promptly available to attend to their needs, yet without flaws or delays.

## 2) What is the role of EM in Lebanon?

In Lebanon, EM remains in a development phase. Full-time staffing by European-trained career emergency physicians can be found in a handful of hospitals out of 160 in this nation of five million inhabitants. There is still no formal national residency program and no national peer-reviewed journal. However, a professional EM society representation has been established for more than four years, and it has begun organizing or sponsoring national EM conferences and workshops. The Specialty Certification has been recognized by the Ministry of Health, the Lebanese Order of Physicians and the National Social Security Fund (NSSF). They ALL have recognized the specialty, its EM specialists and their right to earn professional fees as specialists for the emergency care they provide to patients in Lebanese EDs. However, the medical staff and the administration of hospitals all over Lebanon have not yet recognized us as a necessity for every emergency patient encounter. Yet even when they do, they frankly restrict our ability or right to earn professional fees for the work we do when caring for their emergency patients.

Hospital-based and national efforts have begun trying to address the numerous problems in the EM delivery chain, to establish proper standards and to integrate systems linking the pre-hospital, ED and in-hospital phases of the chain.

## 3) Can you estimate or describe the increased burden on the ED and how the ED has adapted to this?

The ED, its nurses, staff and residents all have experienced a daily overload in the ER with a near-doubling of the daily patient load. All providers are working increased hours. The AUB decided to support the community and all those presenting to its doors during such tragic times.

We have instituted a "Doors Open Policy" for all people to receive care for free in the emergency department. Normally the ED and Lebanese hospitals are a "pay-as-you-go" system for 80% of patients.

There are many displaced patients from the south of Lebanon seeking care because so many medical centers have been closing their doors and ERs. At least four hospitals are closed in the southern suburbs of Beirut. These were the most important ones in delivering the bulk of emergency and comprehensive care to the one million or more patients living in the southern suburbs. Another ten hospitals in Beirut (including one of the larger ones) have stopped accepting or have restricted admissions even through their emergency departments/rooms. They are limiting themselves to receiving casualties of war, partly due to their closer proximity to the bombed areas and their bed and nursing capacity/casualty load.

At AUB, the ED has cared for nearly 160 traumatic casualties directly injured by the war. I believe this is the highest number seen by a single ED in Beirut (where we have 30 medical centers). The death to casualty ratio is high (meaning relatively more death than wounded, because the bombs are leveling ten-story buildings, causing crush injuries and near-impossible extrication issues...similar to what was seen in NY during the 9/11 tragedy).

Boluses of five-six traumas at a time occurred during this conflict. However, this was far less than the 50-100 trauma patients that we would see in two-four hours during the February 2005 explosion in Beirut and the February 2006 riots.

Overall, we saw fewer shrapnel injuries than in previous wars. There were more crush injuries from collapsed buildings. We are getting transfers from throughout the country on a daily basis, some without any warning, who arrive in the ED for stabilization and care.

## 4) I know you are practically working around the clock at the hospital. Is the rest of the hospital staff working around the clock as well? How has your life been disrupted by the conflict?

Yes, there has been many more hours for everyone, with everyone working 14-24 hour days during this period. Everyone's life in Lebanon has been put on hold. Many of us often slept at work – especially at the start of the conflict. Nurses and docs are all awoken to support each other during issues that arise frequently during a 24 hour period. I usually work 17 hour days, balancing time in the clinical area and my administrative duties.

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5) What has been your most rewarding experience(s) since the beginning of the conflict? What has been the most frustrating experience(s) since the beginning of the conflict?

The most rewarding experience has been doing “what we do best” - the resuscitation of shock, trauma and burn patients. I am proud of the fact that no one gets turned away and that we truly give care to all patients who present to our doors. It is also nice to see community members coming in to volunteer and help distribute food, etc.

The most frustrating experience has been not being able to do more. We have limited space and resources and we often feel that our ED has no other institution or party interested or available to support us or the patients we end up with. During this war, we took care of many injured people. Among them, children with massive burns or crush injuries and the 85-90 year-old elderly such as two women who ended up one with strokes from dehydration and severe hyponatremia from being under rubble in a demolished village or from running from bombs through three villages.

6) We all saw the lack of government coordination with Hurricane Katrina last year in the U.S. How has the government in Lebanon (or other organized entities) responded to this crisis?

The government could have done more. There has been no proper coordination between hospitals, and there are some absurd decisions, policies and lack of policies when they are critically needed. Local hospitals have been doing an amazing job with the injured and displaced, especially those in the south of Lebanon. The Lebanese Red Cross was truly amazing. Its volunteers were targeted and some died while in service. They and the Civil Defense were true heroes!

7) In terms of damages, to the infrastructure, to the national psyche, to the economy, to the emotional strain, how does this conflict compare to the civil war years?

The infrastructure and economy for much of Lebanon has been destroyed. There has been a 50% rise in ED patient visits; they came on a daily basis for five weeks and not intermittent bursts like past conflicts.

8) Has there been any foreign aid in terms of money, doctors/nurses/EMS volunteering time, etc., to flow into Beirut? Are the hospital resources holding up?

We are worried about supplies. But so far they have everything that they need for the most part. The hospital has been running very low on fuel to keep generators going so the A/C has been turned off to conserve. The

community clinics are getting supplies from outside sources. Volunteers are used mostly in outreach settings and in shelters and not in the ED since we only want trained people there.

9) Has there been any mobilization to send teams down to the southern areas of Lebanon?

In very few instances. A few groups traveled down to the south, but we are already functioning at 80% above capacity with our current patients and the transfers from the south for higher level of care.

10) I'm sure there are emergency physicians who would like to volunteer aid to Lebanon. How would you recommend going about doing so?

I would not recommend volunteering to us directly because credentialing and logistics would be time consuming and very difficult. We would want someone to make a six month commitment to make it worthwhile.

There are many other ways in which EPs can help. The Red Cross, Red Crescent and Civil Defense have done, and continue to do an incredible job! Support them please... Donations can be made to the “EMS (Emergency Medical Services),” in the name of: Mrs. Rosy Boulos - President of Lebanese Red Cross-First aid Team Section. Follow website: <http://www.dm.net.lb/redcross/>

Also, AUB has recently established and is seeking funds for the AUB Medical Emergency Fund to help pay for the care that we are currently providing—and expect to be providing for some time. Faculty and staff members from several AUB faculties are involved in the University's efforts to provide a comprehensive approach to care that includes evaluation of environmental and individual status, education, support, screening, prevention and—when required—early diagnosis and treatment. Please consider helping us with that.

If you want to make a financial donation to support these efforts, you can do so online by going to the following link: [www.aub.edu.lb/challenge/give.html](http://www.aub.edu.lb/challenge/give.html) where you can make a donation. Times such as this one certainly remind us that AUB is, as stated in its mission statement, an institution founded “to serve the peoples of the Middle East and beyond.”

“UN likely to cut request for Lebanon emergency aid”, Reuters, 2006-07-23.

^ War wiped out 15 years of Lebanese recovery - UNDP. The Daily Star (24 August 2006). Retrieved on 2006-08-24.