International Emergency Medicine: The Turkish Experience

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Author Introduction:
Dr. Stephan Rinnert is the Vice Chairman of Emergency Medicine at the State University of New York (SUNY) Downstate Medical Center and Kings County Hospital Center in Brooklyn, NY. Born in Germany and raised in Istanbul, Dr. Rinnert’s clinical experience began as a rotating medical student in several countries including Turkey. As an attending emergency physician, he has lectured and collaborated closely with Turkish colleagues on several educational EM projects through the non-profit organization EMEDEX International.

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Dr. Murat Ersel is an attending physician in the Department of Emergency Medicine at Ege University in Izmir, Turkey. He has also worked for four years with the Emergency Association of Turkey (EMAT) Disaster Committee on disaster education and preparedness.

National History & Social Context:
Turkey is uniquely situated as a bridge between Europe and Asia, and has long been a proverbial “melting pot” of cultures, ideas, ethnicities and religions. The country is rich in archeological treasures and echoes the sounds of bygone empires. With a population approaching 70 million, the modern Turkey is a secular democracy founded by the late Mustafa Kemal Atatürk in 1923. In 2005, Turkey applied for membership in the European Union. The primary religion is Islam; however, there is a long tradition of tolerance and coexistence with other religions as well. Indeed, in addition to ornate mosques, Istanbul is home to many treasured synagogues and churches, and remains the seat of the Greek Orthodox Church.

Not surprisingly, the official language is Turkish, however numerous other languages are spoken by minority groups throughout the country including Kurdish, Dimli (or Zaza), Azeri, Kabardian, Armenian, Arabic and other lesser known languages. Ethnic minority groups are comprised of Kurds, Arabs, Lazs, Circassians, Chechens, Armenians, Greeks, Albanians, Macedonians and Bosnians. The average per capita income is 5,561 USD.

General Overview of the Healthcare System:
The Turkish healthcare system has three major functional branches. The largest and most visible of these branches is the public hospital and clinic structure administered by the Department of Health. This accounts for the bulk of major hospitals (769 of 1205) and primary care facilities nationally. The second major arm consists of academic university hospitals and their affiliate medical schools. This branch is governed by the Higher Education Council of Turkey. Finally, there are the many private and not-for-profit medical centers nestled primarily within major cities. Most citizens enjoy general healthcare coverage through the governmental social security system. A fraction of healthcare is also provided by the military in well equipped facilities.

Pre-hospital Care [EMS-System]:
Turkey has a well established pre-hospital EMS system with a centralized dispatching network analogous to the 911 system employed in the United States. Since the early nineties, the EMS system has used a countrywide number “112” and physicians and nurses are stationed on ambulances. In 2005, the Ministry of Health started to staff ambulances with paramedics, and to date more than two thousand paramedics have been hired.

Emergency Medicine:
In the early 1990s, Turkey’s first emergency medicine training program was established in the southwest coastal city of Izmir, bordering the Aegean Sea. Since that time, roughly 35 emergency medicine residency training programs have been established. Over the past five years however, the EM training system in Turkey has been forced to evolve. Most university hospitals have academic emergency medicine departments with small residencies. A recent push by the Department of Health to extend residency training into their public hospitals has created a tremendous need for EM trained attendings. The fact that there are only about 300-350 emergency medicine trained attending physicians has led to several understaffed residency training programs with inadequate attending supervision. Prior to the emergence of emergency medicine as a defined specialty, most hospitals staffed their EDs with “health practitioners,” i.e., physicians without any specialty training in emergency medicine or other fields. This is still the practice in most hospitals throughout the country. Accordingly, there is a wide disparity in the quality of emergency care not only regionally, but also locally within the same city. An astute public has quickly recognized such disparities and has learned to hospital shop and self triage to various facilities based on the acuity of their problems. Public EDs are often faced with ever swelling patient numbers in the face of insufficient resources. Conversely, legal and administrative burdens are far less compared to their US counterparts. Workups and documentation are more streamlined allowing faster throughput times and bed turnover. Unfortunately, many EDs are still being used as observation units and patients often remain in the ED for days or even weeks. The approach to trauma is gradually changing in the EDs where EM trained physicians practice. Those centers (commonly university hospitals) often have the most modern diagnostic continued on page 12
and therapeutic tools available, and emergency physicians have admitting privileges.

The overall acceptance of the specialty is gradually advancing, but the specialty is facing resistance and obstacles similar to those faced by the founding fathers of emergency medicine in the US 20 years ago. For example, emergency physicians are still not included in disaster preparedness planning and relief efforts.

The Emergency Medicine Association of Turkey (EMAT) is actively involved in establishing uniform educational guidelines and parameters for the country’s training programs, as well as establishing an oversight body similar to our residency review committee (RRC). In the interim, there are several projects under way to train the vast army of health practitioners in the most basic EM topics and procedures. Additionally, programs are working with outside groups to implement the use of novel training modalities such as the employment of interactive medical simulators to help teach and improve the quality of resuscitation efforts. Moreover, the government recently increased the salaries for EM physicians; however, they still trail far behind those of other specialties.

**Future of Emergency Medicine in Turkey:**
The future for EM in Turkey is bright. The present cadre of EM trained attendings is extremely active, enthusiastic and driven to bring EM to the forefront of Turkish medicine. Testament to that are the numerous changes that EMAT has introduced, and is working to introduce, to the healthcare system of Turkey.

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