

My vision for Emergency Medicine in Ireland
Eanna Mac Suibhne

How far is wonderland away?

"Would you tell me, please, which way I ought to go from here?"

"That depends a good deal on where you want to get to."

"I don't much care where –"

"Then it doesn't matter which way you go."

Within a very short space of time, perhaps as little as ten years, our country has transformed itself and all we thought we knew about Ireland has had to be re-examined. With the prevailing winds of change, and with each passing referendum, the social consciousness of this country is being remapped.

So many battles have been fought and won. The appetite to engage in a battle to build a healthcare system in Ireland that works for everyone and that we can all be proud of goes on and on. Daily headlines make it very easy to feel that no progress is ever being made on that front. It seems more likely that we'll follow a white rabbit down to Wonderland than it is that we'll wake up one day to an Irish health service that works as it should. And that's without the soul-searching that happens as the health service struggles to remember what it stands for every winter, as the collective nervous breakdown grips us all.

"My dear, here we must run as fast as we can, just to stay in place. And if you wish to go anywhere you must run twice as fast as that."

For as long as the battle for an efficient healthcare system in Ireland has been waged, Emergency Medicine has been at the forefront, advocating for improvements needed to make that Wonderland a reality. This is so because when it fails, we feel it most. We fight for a better health system because when it collapses, the shockwaves hit every EM doctor on every shift in every department in the country. What gives me hope is that, despite this, our fight doesn't leave us; our appetite for change remains strong and we remain determined to reach a day where our shifts aren't dominated by buzzwords like capacity, boards, trolleys or patient flow.

"Why, sometimes I've believed as many as six impossible things before breakfast."

There is a health system out there with fully-staffed departments, with empty corridors, with good-news headlines, with a scarcity of crises, with high patient and staff satisfaction and with a worldwide reputation that is the envy of our international colleagues. This system isn't through the looking-glass, it's in the Ireland of tomorrow.

The time for change is now. Not gradual change, that sneaks up on us, but the time for bold moves. One giant leap at a time.

There currently exists a vision and a commitment to deliver a world class trauma network, fit to serve the people of Ireland when they need it most. Wrestling back the mortality rate from major trauma and the evolution of Centres of Excellence in trauma care will attract home the many great doctors who left to become world-renowned leaders in Emergency Medicine.

The dream that Irish hospitals and emergency departments will one day become a destination rather than a departure lounge for highly skilled ED staff is often heard. With the passing of a further decade the vision remains no different. Making Ireland the international destination of choice for fellowships and specialty training may seem preposterous, no more than talk at a Mad Hatter's tea party, but with the right appetite for change all possibilities remain on the table.

Any talk of the new children's hospital nowadays seems to centre on its failures to date, and indeed it can be hard to see how that hole in the ground can lead to anywhere near as magical as Alice's rabbit-hole. But all of the negativity overshadows the exciting progression in commitment to excellence in delivery of Paediatric Medicine and Emergency Medicine. The vision is clear and Paediatric Emergency leaders in Ireland are plotting a course to success for generations of doctors to come.

"It would be so nice if something made sense for a change."

Addressing and serving the needs of this ageing isle requires planning for the years to come. Closer collaboration with primary care physicians to avoid hospital admission, dedicated geriatric admission streams and continued investment in liaison teams will ensure that the most vulnerable in our society do not come to unnecessary harm in our department. Aspects of care which go beyond diagnosing and treating are facets which Emergency Medicine has always facilitated but has now become dominant and restrictive, ironically putting patients at risk. Turning this tide is imperative so that in decades to come our patients receive timely, safe and effective care.

Turning the tide on physician burnout is already upon us. Giving trainees the tools to detect the signs of burnout early and bravely giving options for management of same, will reap dividends in years to come, allowing space for renewed career enthusiasm, energy and eventually longevity. Emergency Medicine can be a shining example of a speciality which cares for its trainees.

A strong community ethic stands behind us and we stand on the shoulders of pioneers of the speciality who endeavoured to change the way patients were cared for in Ireland. Pride in the speciality is what keeps the wheels turning. Everywhere subtle hints of revolution exist. Ask yourself what good healthcare looks like to you and use that as a compass to guide the winds of change in your department.

"Have I gone mad?"

"I'm afraid so. You're entirely Bonkers."

"But I will tell you a secret,"

"All the best people are."