To Prof. Agnès Buzin
Minister of Health
p/a Cabinet de la Ministre
14 Avenue Duquesne
F – 75 350 Paris
France

By e-mail to the Director of the minister's office: Raymond.lemoign@sante.gouv.fr

April 3, 2018

Dear Prof. Buzin,

The European Society for Emergency Medicine (EUSEM) and the Union Européenne des Médecins Spécialistes (UEMS) Section for Emergency Medicine are deeply concerned with the risk of prehospital care in France being dissociated from the chain of emergency care, which today is an essential part of Emergency Medicine (EM).

Last year we welcomed the French authorities' decision to define Emergency Medicine as a primary specialty. Emergency Medicine represents competence which is central for all patients. According to the definition agreed between the 35 national societies members of the EUSEM and the 54 national representatives in the UEMS Section of EM, "*the discipline of Emergency Medicine encompasses the in-hospital as well as out-of-hospital triage, resuscitation, initial assessment, telemedicine and the management of undifferentiated urgent and emergency patients until discharge or transfer to the care of another health care professional*". Hence, the definition of EM clearly includes prehospital as part of EM.

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Moreover, the French model of pre-hospital emergency care and the SAMU acronym has become a symbol of excellence in emergency care across the world. However, this development is a reflection also of the development of the specialty of EM and would be jeopardized if separated.

The specialty of Emergency Medicine is a recognized European specialty and is listed in the EU Directive for Professional Development; the UEMS Council has ratified the European Training Requirements and the Curriculum for EM. This curriculum defines the scope of training every emergency physician should acquire and is necessary for safe patient care.

The emergency chain of care is as follows:

- The first step is the Medical Dispatch Center; based on a telephone call, the appropriate response (ambulance BLS, ALS, helicopter) is dispatched. The next step is the ambulance setting, where the clinical judgment and technical skills of the emergency physician has been shown to make a difference for the patient in critical conditions, reduces management time, and convey patient to the most appropriate healthcare facility.
- To the Emergency department and the resuscitation room where rapidly triaging, assessing and treating the patient is essential to prevent deterioration of patient status and to reduce the hospital length of stay and thus decreased morbidity and mortality
- The prehospital care has a central role in mass casualty incidents and disasters where triage and rapid treatment are key elements to prevent death and suffering (November 2015 was unfortunately an excellent example in France and most recently in Maryland in the USA, where a medical triage was set on scene).

These are the components of the emergency chain of care. The benefit of the system is just that, i.e. a continuous chain of care. To change this to a system that is discontinuous would be to take a step backward in the development of EM and in-patient care. We are concerned that the consequences be unnecessary deaths and suffering, in addition to reduced disaster preparedness.

We are confident on your sensitiveness on this topic, as it directly involves the safety and care for the French population.

Yours faithfully

Dr Roberta Petrino
President of EUSEM

Prof Lisa Kurland
President of UEMS Section
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CC: Dr Roberta Petrino – President of EUSEM
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