

Emergency medicine in Switzerland

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In 2001, both the organisation and the terminology used in emergency medicine was again subject to simplification through mutual harmonisation. The term GABI was abolished, the terms ABCDE, as well as BAP are still in use, and the courses offered by the company Medifan focus mainly on ABCDE.

Hence, numerous Swiss cantons have elaborated an emergency care concept which foresees, in agglomerations, systems based on emergency physicians, and involves the local emergency physicians on duty, that are emergency physicians having completed an additional course in the rural emergency medical services. Therefore, in rural areas, emergency physicians more often join the local emergency medical services.

In offering increasingly certified courses which are valid for civilian activities, too, the Swiss military system responded to the general interest in this respect. Courses in emergency medicine for doctors, as well as ATLS and ACLS courses have started to be offered by the army.

The number of both, ACLS courses - offered by the offices in St. Gallen and in Lausanne -, and ATLS courses has clearly increased, the latter having been raised to 15 during the last year. It is a very positive development that four courses ACLS (Advanced Cardiac Life Support), ATLS (Advance Trauma Life Support), PALS (Pediatric Advanced Life Support) and PHTLS (Prehospital Trauma Life Support) which are offered worldwide, are being offered finally in Switzerland, too. In this way, the terms used in emergency medicine have international validity and the harmonisation will contribute to solving communication problems. What Switzerland still needs, is an organisational platform for the heads of emergency medical services, as well as courses for senior emergency physicians. These plans will be implemented in 2002.

This newly implemented concept of the Swiss emergency medical care services, emergency physicians are made an integral part. For this reason, some cantons finally decided to entirely or partially assume the costs for their equipment and training. In doing this, political bodies have realised the importance of a quality emergency medical care system and this acceptance constitutes a good basis for further increase in efficiency and a national concept in emergency medical care.

In Switzerland, further curricula for heads of emergency care stations are planned. This will help increase the value of such emergency care stations, and define more specifically the qualification of heads of emergency medical teams.

There is still much work ahead, which will continue to keep us engaged for the current year.