

# Critical Emergency Medicine: a global need for essential emergency and critical care

Emergency medicine is the medical specialty concerned with the diagnosis and management of urgent and emergency aspects of illness and injury. Emergency physicians focus on the immediate decision making and action necessary to prevent death or any further disability. Their primary responsibility is resuscitation and stabilization followed by a thorough investigation to diagnose and treat illnesses. However, during the last decades the primary and secondary assessment were not two distinct approaches; they were applied under the umbrella of a combined treatment strategy usually leading to poor situation awareness and low-quality immediate and effective care.

It was only in recent years that immediate life support and resuscitation of critically ill and injured patients became a major area of interest. Indeed, critical care resuscitation of the extremely critically ill patient is today one of the most important skill sets of anesthesiologists, intensivists, and emergency physicians. In 2010, the term “Critical Emergency Medicine” was introduced by the Scandinavian Society of Anaesthesiology and Intensive Care Medicine, who defined it as “immediate life support and resuscitation of critically ill and injured patients” to “distinguish these core activities from the broader internationally recognized medical specialty of emergency medicine”.

The European Board of Anaesthesiology and the European Society of Anaesthesiology adopted the term in 2016 to define anesthesiologists’ role in the acute management of life-threatening emergencies. Moreover, the European Training Requirement curriculum for anaesthesiology was updated in 2018 to state that Critical Emergency Medicine should form part of postgraduate training for doctors specializing in anaesthesiology. Nevertheless, the demanding clinical environment and the increasing needs in healthcare today mandate that Critical Emergency Medicine must include more specialties and all the departments/units of the hospital, being a prerequisite for all physicians managing critically ill patients. This is very important because critical care is the delivery of medical care to any patient who is physiologically unstable and in contrast to what many may believe, it is not defined by location but actually spans the continuum of care from the Emergency Department to the Operating Room or the Ward and eventually to the Intensive Care Unit.

The principle motivation of this special series is to expand the role of physicians into the state-of-the-art Critical Emergency Medicine and improve the care of patients in the first minutes to hours of their critical illness. I also believe that it will stimulate high-quality research that will further improve the in-hospital management and resuscitation of critically ill patients.

I am extremely happy to bring out this series and I want to congratulate and thank the authors for their time, insight, and forbearance. I dedicate it to all those who have made their best efforts to contribute to this publication.

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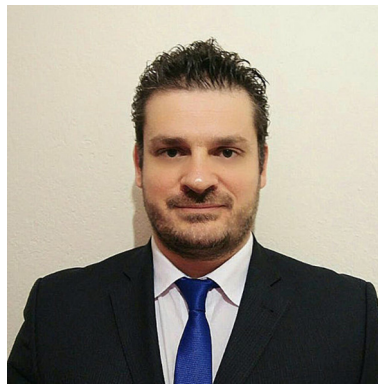
## Footnote

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