

Letter to Editor

Emergency Departments in Pakistan: Time for a National Emergency Care Strategy

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Emergency departments (EDs) represent the frontline of every healthcare system. They are the first point of contact for patients suffering from trauma, acute medical illnesses, disasters, poisoning, obstetric emergencies, and life-threatening infections.¹ As Pakistan faces rapid urbanization, a growing population, an increasing burden of non-communicable diseases, frequent road traffic injuries, and recurrent natural disasters, the importance of a well-functioning emergency care system has never been prioritized. Despite notable progress in selected institutions, emergency care across the country remains fragmented, under-resourced, and lack of trained emergency health force.

Pakistan's emergency departments receive millions of patient each year. Public-sector tertiary hospitals often operate far beyond their capacity, resulting in overcrowding, prolonged waiting times, and limited privacy.² Patients frequently present without prior referral, making the emergency departments a substitute for primary healthcare. This role places immense pressure on emergency physicians, nurses, and support staff that must manage critically ill patients while simultaneously addressing large numbers of non-urgent cases.³

Over the past two decades, emergency medicine has emerged as a recognized specialty in Pakistan, with structured residency programs producing a growing cadre of trained emergency physicians. These specialists have introduced evidence-based protocols, simulation-based education, point-of-care ultrasound, trauma resuscitation systems, and quality improvement initiatives. Nevertheless, the number of trained emergency physicians remains insufficient to meet national demand, particularly in secondary care hospitals and rural areas where emergency care is often delivered by medical officers without formal specialty training.

Infrastructure disparities remain a major challenge. While some tertiary hospitals provide advanced trauma bays, resuscitation rooms, intensive monitoring, and modern imaging while many district and tehsil hospitals continue to struggle with shortages of essential equipment, medications, blood products and laboratory support. Pre-hospital emergency medical services are not uniformly available across the country.⁴ Strengthening the continuum of care from the scene of illness or injury to definitive hospital treatment should be a national priority.

Another pressing issue is emergency department overcrowding. Delays in inpatient admissions, limited intensive care capacity, and inadequate discharge planning often result in patients remaining in emergency departments for prolonged periods. This "boarding" reduces the department's ability to receive new emergencies, compromises patient safety, and contributes to staff fatigue and burnout. Addressing hospital-wide patient flow requires coordinated administrative and policy interventions rather than emergency department solutions alone.

Disaster preparedness deserves equal attention. Pakistan is vulnerable to earthquakes, floods, heat waves, infectious disease outbreaks, industrial and mass casualty incidents.⁵ Every emergency department should maintain updated disaster response plans, conduct regular mock exercises, and establish clear communication pathways with ambulance services, disaster management authorities, and referral hospitals. Investment in emergency preparedness is not merely a response to crises but an essential component of health system resilience.

Digital transformation offers significant opportunities. Electronic health records, telemedicine, real-time bed management systems, artificial intelligence-assisted triage, and national emergency registries can improve clinical decision-making, reduce delays, and support health policy planning. Standardized national indicators for emergency care quality including waiting times, mortality, door-to-needle intervals, and patient satisfaction, would facilitate benchmarking and continuous quality improvement.

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The emergency care workforce also requires sustained investment. Expanding emergency medicine residency programs, strengthening emergency nursing education, developing paramedic training, and promoting multidisciplinary teamwork are fundamental to improving patient outcomes. Continuing professional development in trauma care, advanced cardiac life support, pediatric emergencies, toxicology, and disaster medicine should be routine at all levels of the healthcare system.

A national emergency care strategy should prioritize equitable access, standardized clinical protocols, robust referral networks, and sustainable financing. Emergency care should not be viewed solely as hospital-based treatment but as an integrated system encompassing community awareness, prehospital care, emergency departments, critical care, rehabilitation, and public health surveillance.⁶

Pakistan possesses the clinical expertise and institutional leadership necessary to build a modern emergency care system. Success stories from several public and private hospitals demonstrate that high-quality emergency medicine is achievable within local resource constraints. The challenge now is to extend via national coordinated policy, investment, workforce development, and quality assurance.⁷

Emergency departments save lives every hour of every day. Strengthening them is not merely an investment in hospitals; it is an investment in national health safety, disaster resilience, and public trust. The time has come for Pakistan to recognize emergency care as a strategic health priority and to develop a comprehensive national emergency care framework that ensures every citizen has timely access to safe, effective, and equitable emergency services.

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