

## From Nova Scotia to Singapore: emergency medicine in action

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It is dark on the flight from Hong Kong to Toronto. The shades are drawn, and the cabin lights are dimmed to simulate nighttime in the hope that passengers might doze off to the monotonous lull of the plane's engines and wake up in a time zone they actually recognize. We are 3 hours into a 15-hour flight when the captain's voice comes over the intercom: "Are there any physicians on board the plane?"

As far as having chest pain on an international flight goes, this is as good as it gets. Two emergency physicians are on board, on their way back from the 2010 International Conference on Emergency Medicine (ICEM) in Singapore. As a medical student, I am travelling home from the conference with my preceptor, one of the two physicians. We have had the experience of a lifetime, with delegates from over 60 countries taking part in the first ICEM to be held in Asia.

Singapore is a small country off the coast of the Malay Peninsula in Southeast Asia. It may be small in size, but it is a world-class business centre with a population of over 4.9 million. Think urban-metropolis meets garden-oasis, where conference centres and malls are tucked alongside lush greenery. The people are friendly, outdoor food markets abound with mouth-watering satay, and the conference was impeccably organized. (What else would you expect from a city where chewing gum is illegal?) Emergency medicine (EM) has been officially recognized as a medical specialty in Singapore since 1984, and they have had board certification examinations since 2001.

EM is in many different stages of development across the world, yet during this 4-day conference, physicians come together to share and collaborate with the common goal of improving emergency medical care. Dr. Simon Field, an EM physician from Nova Scotia and a speaker at the ICEM, says it is not hard to see how much EM physicians have in common. "The same political, social, and clinical issues are prevalent everywhere, with only slight regional variations," Field says. "Ultimately, we have far more in common than we have separating us."

The breadth of topics on any given conference day was mind-boggling—from the role of EM in health care reconstruction in Afghanistan to clinical toxicology in Thailand to EM development in the Netherlands, Lithuania, and Bahrain. In Korea, as in many places across the world, physicians are facing the rising challenge of emergency department (ED) crowding while trying to meet the needs of an aging population. EM physicians from Canada and Singapore reflected on clinical decision making and strategies to avoid diagnostic error, and Australian physicians spoke of the importance of communication training for patient satisfaction.

Certain talks were eye-openers for someone whose only experience is in a Canadian ED. Scorpion stings, dengue fever, and the emergency management of snake bites were just some of the topics that I have not had much exposure to as a medical student from Nova Scotia.

On the flight to Toronto, the passenger's chest pain resolves and the plane is able to stay on course. The

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EM physicians on board are still with the patient, talking to her, reassuring her—EM in action. This trip to the ICEM helped me realize that the EM community is a genuinely global one. The theme for the conference was “Emergency Medicine: The World Moves Forward”—what better way to describe the field of EM? From Singapore to Nova Scotia, or in an

airplane somewhere over the Pacific Ocean, EM is truly a dynamic field, ever-evolving and always moving forward—no matter where you practice.

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