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Editorial

Emergency or immediate attention: a small difference

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The "medical emergency" is defined as an injury or illness that poses an immediate threat to the life of a person and whose assistance cannot be delayed. This simple and concise definition would be sufficient to establish a rational form of urgent care, either in Primary Care (PC) or in the hospital setting, since if it were applied, they would cease to be considered as such a large number of the queries that are demanded as urgent.

But if we add nuances to this definition, we can begin to understand what urgent assistance has become today; for example, according to the American College of Emergency Medicine, an emergency is any new or unexpected circumstance that modifies a person's usual health condition, which being recognized by the patient or by third parties, is perceived as potentially dangerous [1]. Only with the introduction of the concept that this "new or unexpected circumstance" is perceived "by the patient or by third parties" does an important part of the current problem of urgent care begin to be understood, especially if we transform what "poses a threat for life" of the first definition in which it is "potentially" dangerous of the second.

There are several international publications about the use of emergency services. All of them analyze the actual situation using a scheme based on predisposing factors (predisposition to use the services), such as age, sex, race, education, number of members of family or work activity; facilitating factors (ability to obtain them), such as geographical, administrative, temporal or cultural accessibility (the latter is of great importance at the moment); and, finally, need factors (level of illness and perceived state of health) [2].

All these factors has resulted in the current situation, where the hospital Emergency Department has become a free consultation service "24 hours", in which the concept of "sudden situation that poses a threat to life" is replaced for the "possibility of consulting any situation at the time when the population demands it, regardless of severity", putting the health services at the same level as any other type of services.

In Primary Care, the problem is even more serious, given that there are usually no exclusive professionals to deal with urgent situations. This means that these doctors, with already generally saturated consultations, who must suspend at that time their planned care activity to attend to the alleged urgency in a limited and determined time. This fact could be accepted if the urgency were understood according to its primitive concept, that of a "life-threatening situation", since it would occur occasionally or almost anecdotally in the sphere of PC. However, currently, and in a generalized manner, urgent care in PC is comparable to the consultation without prior appointment, which leads to situations as inconsistent as hearing in the waiting rooms of health centers: "I am that I have been summoned for emergencies", or it usually happens that when the population demands assistance at that time, from the administrative units it is suggested: "Well, to be treated now, go through emergencies" [3].

Once again, professionals would be in a position to adapt and reorganize this assistance if they asked us for an opinion and, above all, if we had the right tools, which are not based solely on physical or expensive material means.

If we really understand as an emergency an unexpected event that poses a risk to life, this activity may clearly be removed from the PC and it would become clear to the population that every patient who goes to a health center without an appointment can be attended or not depending on the cause of the consultation. And we will leave for the

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true urgency all those situations that by proximity have not been able to reach the hospital emergency services but that, unfailingly, after the first measures, will be transferred by the emergency services to the nearest hospital after their stabilization. On the other hand, the necessary measures must be established to ensure that the demands of the population are met in the most reasonable time possible by adapting the quotas, the flexibility of the work, etc. [4].

It is necessary that politicians and the population be aware of the magnitude of the problem, knowing that this type of clinical practice leads to a health system more unsustainable than the current one. After that, measures may be applied to improve the current situation.

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