

**WELCOME ADDRESS BY THE CHAIRMAN OF THE SOCIETY OF EMERGENCY
MEDICINE PRACTITIONERS OF NIGERIA (SEMPON) DR. NNAMDI NWAUWA ON
THE OCCASION OF THE LAUNCH/INAUGURAL SCIENTIFIC CONFERENCE. 2014**

Ladies and Gentlemen,

I wish to welcome all of us to this land mark conference, to announce the arrival of the nation's premier Emergency Medicine Society. I am excited even as I thank God that this program has become a reality, despite the last minute distractions of the insurgence and Ebola emergence. This forced most of our international supporters and collaborators to cancel their trips, feeling very much distressed as they had to obey the instructions from their countries.

We appreciate all their effort and concern and the books sent in by the African Federation of Emergency Medicine.

At this juncture, I wish to bring to you the felicitation and support of the President of the International Federation of Emergency Medicine IFEM – **Prof. Peter Cameron**, our dear beloved brother **Prof. Lee Wallis** – the President of the African Federation of Emergency Medicine who so much supported us and donated 500 copies of encyclopedia of Acute and Emergency Care on behalf of AFEM.

We also wish to appreciate the Middle East Society of Emergency Medicine whose secretary **Dr. Ayesha** was to lead their team and other groups from USA, UK etc.

The road to emergence of the society was not an easy one. Efforts were made at various levels and quarters by concerned individuals and organizations. Such organizations include – Emergency Response International (an NGO), Advanced Life Support Providers Association of Nigeria (ALSPAN), Prof. V. Inem, Prof. O.J. Odia, Dr. Wilkey Sigismund, and very many others. We are particularly grateful to Emergency Response Group that has solely financed the society from inception until now.

Emergency Medicine:

Nigeria has one of the highest trauma and disaster burden in Africa, coupled with preponderance of complex medical, surgical and epidemic emergencies. This situation requires an elaborate pre-hospital and in-hospital emergency care system which has been slow to emerge in Nigeria.

Emergency medicine has become the fulcrum of the modern health care delivery. Studies have indicated that majority of the inpatient admissions in health institutions come in through the emergency department. Emergency department serves as the patients' main entrance into a health institution and mirrors the standard of services available in the institution. Because of this central role played by emergency medicine, many countries have:

- a. Established National Emergency Management Agency (NEMA)
- b. Established a pre-hospital training program and an EMS with a central emergency call number.
- c. Recognized Emergency Medicine as an independent medical discipline that requires special attention.
- d. Instituted a residency program for the training of Emergency Physicians in the post graduate medical colleges.

Nigeria established NEMA since 1999 and it took about 15years to realize the next step which is the pre-hospital training program EMS, recently introduced by the present administration. One therefore wondered if the next step would take another 15years to come. Hence SEMPON emerged to provide the advocacy, assistance, advice and other necessary support to shorten the delay and help our nation join the rest of the world who have already achieved the four cardinal steps to enthrone emergency care.

Many members of our upper class have always thought that they would be flown abroad in the event of an emergency, for immediate medical assistance. For cold cases, this assumption can hold, as we see mass exodus to other countries for medical checkup and elective operations. However in emergency, the situation is different. The victim must be resuscitated and stabilized here, to enable him

withstand the rigor and stress of the long journey and the delay in procuring the necessary travelling documents.

Without a well-equipped emergency department manned by trained emergency physicians, nurses, and paramedics, the victim may not be effectively evaluated, resuscitated, and stabilized. Hence SEMPON has emerged to champion the advocacy for an updated emergency department and training of the emergency physicians and staff.

As a matter of fact, no nation's emergency management agency can be effective without an effective pre-hospital emergency medical system with trained and well equipped emergency departments.

It is interesting to note that many African countries such as Ethiopia, Botswana, Rwanda, Tanzania, Kenya, Ghana, South Africa etc. have all implemented the four cardinal steps. Nigerian doctors have been seeking admission in these African countries to do emergency medicine and some are already studying there. Botswana has 2 million persons with 4 doctors to 100,000 of the population, while Ghana has 0.4 doctors to 100,000 yet, Nigerian students are struggling to be admitted in Botswana as well as other countries to do emergency medicine.

We are pleased to note that the advocacy carried out by SEMPON on the Postgraduate Medical Colleges is already yielding result and we hope to see residency program take off earlier than we had thought. We appreciate the effort of the former President of National Postgraduate Medical College **Prof. Victor Wakwe** and the present President, Prof R Arogundade, who have taken up the challenge and are taking every step to make the emergency medicine faculty a reality. We also commend the present Honourable Minister of Health under whose tenure emergency care has taken a new dimension.

Objective of SEMPON:

Ostensibly SEMPON emerged to collaborate with the governments and other stake holders to ensure emergency medicine and emergency medical services are effectively instituted in Nigeria.

SEMPON will help to provide all information, guidelines and any other necessary assistance to local, state and federal governments, corporate bodies, public and private health institutions, to enable them establish an effective emergency care.

SEMPON also hopes to encourage healthcare providers and by-standers to train at appropriate levels in emergency medicine and to encourage those who are trained to put the knowledge into practice and share their clinical experience in emergency medicine in order to improve the clinical practice in the country. SEMPON will in addition, encourage research in emergency medicine and educate members on new dimensions in resuscitations, emergency care and emergency care technology.

SEMPON members and Ebola Virus:

Emergency department staffs work both in the pre-hospital and in-hospital setting and are exposed to diverse health hazards. They are the greatest risk takers in medical practice. The pre-hospital emergency staff may be exposed to physical attacks, vehicle accidents, fire, gaseous poisoning, electrocutions, drowning and a host of other dangers as they attempt to rescue, resuscitate and transport the victims.

In-hospital emergency department staffs on the other hand, are exposed to patients with highly infectious conditions, such as Ebola and other blood borne pathogens. The risk taken by the emergency department staff could be seen from the fact that the first casualties recorded in the nations Ebola saga were the health personnel who first attended to the Ebola patient. Hence emergency department professionals risk their lives to determine the nature of the illness and take necessary steps to isolate contagious and highly infectious patients thereby protecting the rest of the hospital community and patients, pending the outcome of the laboratory investigations.

I therefore plead:

1. That public and private health institutions should see that their emergency department staff are mandatorily trained, equipped, insured and given improved hazard allowance to be able to continue taking the risks that ensures the safety of the hospital community and survival of the patients.

2. I also advocate that every health institution develops a dedicated and separated emergency department, equipped with the basic resuscitation facilities. This should be one of the pre-conditions for licensing a health institution or its accreditation.
3. I also wish to plead with institutions and labour to bear with emergency department staff during work to rule. These are the health care givers who meet patients at their very deplorable and pitiable condition and cannot afford to look away as their conscience cannot accommodate such action. Emergency department staff should be allowed to render skeletal services to keep members of the public alive, who are never the target nor cause of the offending situations.
4. Similarly, the emergency medicine personnel are also disturbed when they have an emergency in their hands but are helpless due to absence of relevant working materials and congenial environment. I therefore plead with the authorities of private and public health institutions to ensure that their emergency departments are properly equipped. It should be given priority in funding. Unless a patient is resuscitated and kept alive, the other specialists cannot intervene. No doctor or specialist treats a dead patient. Emergency staff should first restore and stabilize life.
5. Emergency department staff should be regularly updated in the latest emergency skills and knowledge. Being a new discipline Emergency Medicine is highly dynamic and health authorities should ensure their own staffs are not outdated.
6. We are aware that in most parts of the world emergency treatment within the first 24 hours is free for the public. I also recommend that such policy should be introduced in Nigeria under whatever arrangement. It will be a great relief to the society. This could be supported by the health insurance, interested multinational organizations and the governments.

7. Pre-hospital emergency services and community involvement in disaster management cannot be achieved unless the government takes a swift move to elaborate the Good Samaritan Law. Nigerians are scared of being involved in rescue and resuscitation of emergency victims, for the fear of reprisal from the police. Many Nigerians have been charged or arrested in their bid to save life especially when the victim eventually could not make it. The Good Samaritan Law protects such individuals and encourages the public to be first responders, in order to compliment the activities of NEMA and other rescue efforts. Let us note that no pre-hospital emergency management can be effective without the involvement of the public, who must be trained and protected.

Acknowledgement:

I wish to appreciate the Honourable Minister of Health Prof. Onyebuchi Chukwu who has shown so much interest in emergency medicine that he has kicked off the ball by introducing the paramedic (pre-hospital) training program in the country, an action we had pressed on his predecessors of the last 15 years.

We also thank the Honourable Minister for endorsing SEMPON. We assure the Honourable Minister and his Ministry that SEMPON will do all it can to support the Ministry's actions to realize all the emergency strategic plans.

I wish to appreciate Prof. Lee Wallis the president of the African Federation of Emergency Medicine for his unflinching support and donations. Our appreciation also goes to the President of the International Federation of Emergency Medicine Prof. Peter Cameron who could have been here if not due to his busy engagements.

I want to appreciate the generals who supported me when there were challenges militating against the establishment of the society. These include Prof. Victor Inem, Prof. O.J. Odia, Dr. Chinyere Nkele. Dr. Chineze Eno Nwauwa, Mr. Ugochukwu Nwauwa, Dr. Faith Ekpekurede, Dr. Tagbo Oguonu and many others.

I want to thank members of the LOC especially the Diaspora coordinator Dr. Wilkey Sigismund, who worked tirelessly to integrate the diaspora group.

We wish to appreciate the Chairman LOC, Dr. Sam Emdin, the energetic PRO Dr. Philip Umezoke, the Vice Chairman Dr. Mrs. Efumbo, Dr. Femi Mosuro, Dr. Oriyomi and many others. We also thank Shell Petroleum Development Company (SPDC) who became our first corporate member and supporter.

I want to appreciate all the members of SEMPON and those who could not make it to this conference. My prayer is that God will grant all of us our heart desire which is to see emergency medicine enthroned in Nigeria with reduction in mortality in our Emergency Departments and during disasters.

Thank you and God bless.