

Emergency Care and Medicine, 2023

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The most recent global emergency medicine 56-question survey highlighted challenges and gaps in providing emergency care [1]. A total of 63 out of 78 countries responded to the survey. Of them, 54 countries recognised emergency medicine as a speciality. Lack of resources (38%), burnout, poor working conditions, and low salaries were the most emphasised challenges in emergency medicine. Strengthening future international educational, research, and policy collaborations were key priorities to continue developing the speciality and improving emergency care [1], which was correctly characterised as a neglected health priority [2].

Not surprisingly, a bibliographic analysis of 1751 full-text research articles related to emergency medicine found significant disparities in authorship representation. It was concluded that innovative methods to increase funding and scholarship opportunities to support emergency medicine researchers in low- and middle-income countries are needed to address these disparities, particularly in low-income countries [3].

Although traditionally, from the 1960–1970s, the speciality of emergency care was associated with emergency medicine physicians and paramedics in pre-hospital and facility-based settings [1,4,5], it is not the case in the current medical world. Introduction and development of regional systems for trauma [6], acute coronary syndromes [7], and stroke care [8], preparations to perform the same with emergency general surgery [9] have expanded and broadened the global concept of emergency medicine and surgery.

I am pleased to introduce a new journal titled *Emergency Care and Medicine* [10] (ISSN 2813-7914). It is an international, peer-reviewed, open-access medical journal emphasising emergency care. It will cover prehospital medicine, emergency and urgent hospital medicine and nursing, emergency, urgent general (also known as acute care surgery) and specialised surgery, trauma and injury, general and specialised critical care medicine, global emergencies, tropical medicine emergencies, extreme and polar medicines, war medicine and public health, epidemiology of acute illnesses and injury, and emergency medical service systems.

It will be published quarterly online. *Emergency Care and Medicine* is a member of the MDPI network (<https://www.mdpi.com>, <https://www.mdpi.com/about>).

The standard categories of the manuscripts, such as editorials, reviews, overviews, original investigations, clinical guidelines, viewpoints, commentaries, and brief clinical reports with specific and unique clinically essential points will be reviewed according to the MDPI review scheme. Special interest will be given to papers which bring new insights to specific communities living in remote areas under extreme conditions.

We encourage scientists and medical practitioners to publish their experimental and clinical work results in as much detail as possible. The details of the studies must be provided according to FAIR principles (<https://www.go-fair.org/fair-principles/>, accessed on 18 August 2023) so that the results can be reproduced. To enhance the quality and transparency of health research, we recommend following reporting guidelines published at <https://www.equator-network.org>. The narrative of any paper using academically acceptable English is essential, as every text published will remain in the bibliographic datasets forever.

Conflicts of Interest: The author declares no conflict of interest.



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References

1. Patiño, A.M.; Chen, J.; DeVos, E.L.; Lee, J.A.; Anderson, K.; Banks, M.; Herard, K.; Kharel, R.; Kivlehan, S.; Arbelaez, C. Emergency Medicine around the World: Analysis of the 2019 American College of Emergency Physicians International Ambassador Country Reports. *J. Am. Coll. Emerg. Physicians Open* **2022**, *3*, e12681. [[CrossRef](#)] [[PubMed](#)]
2. Bisanzo, M. The underpinning of emergency care development is education. *Lancet Reg. Health West Pac.* **2020**, *3*, 100013. [[CrossRef](#)] [[PubMed](#)]
3. Garbern, S.C.; Hyuha, G.; González Marqués, C.; Baig, N.; Chan, J.L.; Dutta, S.; Gulamhussein, M.A.; López Terán, G.P.; Manji, H.K.; Mdundo, W.K.; et al. Authorship representation in global emergency medicine: A bibliometric analysis from 2016 to 2020. *BMJ Glob. Health* **2022**, *7*, e009538. [[CrossRef](#)] [[PubMed](#)]
4. Hughes, G. Professional issues in emergency medicine: UK perspective. *Emerg. Med. Australas.* **2005**, *17*, 422–428. [[CrossRef](#)] [[PubMed](#)]
5. Williams, D.J. Brief history of the specialty of emergency medicine. *Emerg. Med. J.* **2018**, *35*, 139–141. [[CrossRef](#)] [[PubMed](#)]
6. Lunevicius, R.; Mesri, M. A profile of a major trauma centre of North West England between 2011 and 2018. *Sci. Rep.* **2021**, *11*, 5393. [[CrossRef](#)] [[PubMed](#)]
7. Rathore, S.S.; Epstein, A.J.; Volpp, K.G.; Krumholz, H.M. Regionalization of care for acute coronary syndromes: More evidence is needed. *JAMA* **2005**, *293*, 1383–1387. [[CrossRef](#)] [[PubMed](#)]
8. Tung, Y.C.; Chang, G.M. The Relationships Among Regionalization, Processes, and Outcomes for Stroke Care: A Nationwide Population-based Study. *Medicine* **2016**, *95*, e3327. [[CrossRef](#)] [[PubMed](#)]
9. Becher, R.D.; Sukumar, N.; DeWane, M.P.; Gill, T.M.; Maung, A.A.; Schuster, K.M.; Stolar, M.J.; Davis, K.A. Regionalization of emergency general surgery operations: A simulation study. *J. Trauma Acute Care Surg.* **2020**, *88*, 366–371. [[CrossRef](#)] [[PubMed](#)]
10. *Emergency Care and Medicine* Home Page. Available online: <https://www.mdpi.com/journal/ecm> (accessed on 18 August 2023).

Short Biography of Author



Prof. Dr. Raimundas Lunevicius qualified from Vilnius University (Lithuania), worked in University Emergency Care Hospital between 1991 and 2010, completed three Fellowship Programmes: Monbushou at Nagoya University and Aichi Cancer Centre (Japan, 1998–2000), Fulbright–Humphrey at Johns Hopkins University Bloomberg School of Public Health with clinical affiliation with R Adams Cowley Shock Trauma Centre (USA, 2008–2009), and King’s College Hospital London (2010–2012). In 2012, He accepted the offer to work as Consultant General Surgeon for the Aintree University Hospital and Major Trauma Collaborative, Liverpool. His research and audit interests are focused on difficult gallbladder management, acute care surgery, liver injury, trauma, and global health. A bibliography of his publications includes 234 refereed articles, 71 abstracts, three monographs, two doctoral dissertations, two book chapters, one edited book, multiple presentations, and lectures (by 15 August 2023). His h-index is 67. He is the collaborator for the Global Burden of Disease Study, IHME, University of Washington (2012–to date), and Global Surgery, University of Birmingham, UK (2020–to date). He has been a UK Trauma Audit and Research Network (TARN) Board member since 2020.

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