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January 2004

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Recommended Citation

Qidwai, W., Ali, S., Baqir, M., Ayub, S. (2004). Level of preparedness of patients for medical emergency. *Journal of College of Physicians and Surgeons Pakistan*, 14(3), 193-193.

Available at: https://ecommons.aku.edu/pakistan_fhs_mc_fam_med/149

LEVEL OF PREPAREDNESS OF PATIENTS FOR MEDICAL EMERGENCY

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Pakistan is a developing country having a total expenditure on health of 4.1% of gross domestic product.¹ The joint family system that has existed in the country for centuries is showing signs of disintegration.² Pakistan's average annual per capita income is about US \$ 500³, with a minimal emphasis on preventive aspects of healthcare.⁴ It is reported that patients in Pakistan lack awareness with respect to urgency of a medical emergency.⁵

In this situation, one can well imagine the dilemma of patients when faced with a medical emergency. A need was identified to collect information on the level of preparedness of patients for an unexpected medical emergency.

A questionnaire-based survey was conducted at the Emergency Room, The Aga Khan University Hospital, Karachi, during March and April 2003. One hundred patients visiting the Emergency Room for the treatment of a medical emergency were surveyed.

The average age of patients was 42 years, with 54 men and 46 women. The majority was married, well educated, housewives or in private/government services.

Only those patients who were well enough to respond to questions were interviewed. Seventy (70%) respondents had financial resources available to meet the expenses of the medical emergency. Patients were accompanied by someone in 89% cases. The majority was accompanied by husband (20%), son (20%), brother (14%), father (08%), wife (06%), sister (06%), mother (05%), daughter(05%) or a friend (05%). Seventy-nine percent respondents felt that experiencing the present medical emergency will enable them to be better prepared for such events in the future.

Since we conducted the study at the Emergency Room of a teaching facility, and the study subjects were well-educated and socioeconomically better off, we cannot generalize the results to the population at large.

We should not be surprised that 70% of the study subjects had the resources to pay for the expenses the medical emergency. Far less people in the community will be able to meet such expenses.

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Received August 27, 2003 ; accepted March 07, 2004.

A substantial number of respondents were not prepared for the medical emergency but had the support available from the family and friends. With the anticipated fragmentation of the joint family system in the country,² such support is likely to decrease in the future. Help available from friends and employers was lacking and is unlikely to increase.

The support from family members in the study was well substantiated by the finding that the majority of the patients was accompanied by immediate relatives. Efforts are required to highlight the importance of close family ties to meet medical needs of families especially in the absence of support from the public or the private sector.

There is a need to educate patients on the issue of preparing patients for any medical emergency. The question of medical insurance cover is very important but it must be realized that majority of our population will not be able to pay the premium costs.

We have also found lack of preparedness for medical emergencies among our patient population, although there was strong family support. This will be useful for the policy makers and emergency room administrators. We strongly recommend patient education programs, further studies on the issue and strengthening of Emergency Medical Services in the country.

Table I: The findings of the survey are tabulated below.

Question	Patients score*					Total
	1	2	3	4	5	
Self-preparedness** for the medical emergency	32	35	13	17	03	
Help available*** from immediate family	-	-	02	12	86	
Help available*** from extended family	14	14	43	17	12	
Help available*** from friends	41	18	20	20	01	
Help available*** from employers	79	11	09	-	01	
						100

* (Minimum =01, Maximum =05).
 ** Self-preparedness for a medical emergency in terms of finance, availability of help as well as mental preparedness
 *** Help available in terms of finance, logistics, physical and moral support.

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