

My passion for emergency medicine began in the remote mountains of Papua New Guinea in 2007. It was here, far from tertiary care and support, I witnessed the incredible capacity of the group's doctor to save a dying villager from severe malaria and early renal failure. With minimal equipment, he demonstrated the enormous benefit of emergency medicine as he provided the critical care necessary to allow transfer and life-prolonging definitive management. This demonstration of emergency medicine's universal value to any and every patient continues to motivate me in my medical training.

While emergency medicine is primarily practiced in the emergency department, this experience demonstrates its wider area of applicability. Emergency medicine extends well beyond the hospital gates. The emergency physician can practise in the most inhospitable and isolated environments armed with the diagnostic and therapeutic knowledge to make a difference. However, he or she is seldom caring for the patient in isolation, working in synergy with other services and people, whether the stretcher-bearing villager or the highly trained urban paramedic. It is the emergency physician who leads and coordinates the efforts of the team to optimise patient care.

Emergency medicine is the frontline of medical care and manages an incredible variety of patients and pathologies. From triaging multiple casualties of the Christchurch earthquakes to managing the individual overcome by malaria, emergency medicine provides a variety unmatched by other disciplines. Consequently, emergency medicine demands a quality of doctor prepared to meet this challenge.

The emergent thoracotomy of a 19 year old male stabbed in the left mediastinum on a routine night in Johannesburg general hospital demonstrates such a doctor. This medical elective experience revealed the dynamic discipline of emergency medicine and the emergency physician's capability of working well under pressure. This is not to say emergency medicine attracts the overzealous adrenaline seekers but those doctors capable of separating themselves from the shock and overwhelming state of the situation, to pursue the best management plan for the patient as in thoracotomy for this rapidly tamponading patient.

Due to the acuity of the event, inhospitable environment or demanding situation, the emergency physician often relies on his or her diagnostic and therapeutic knowledge to make a rapid decision. As a result, emergency medicine attracts the independent and adventurous, motivated by an altruistic desire to make a significant difference. This significant difference can be minor, as in consoling the victims' relatives, or major, as in the resuscitative thoracotomy. Additionally, the unbiased provision of emergency medical care can assist in overcoming socioeconomic disadvantage and other inequalities between populations.

Emergency medicine can provide a satisfying immediate resolution or outcome. While it is not always a romantic life-preserving outcome, emergency medicine delivers immediate care and initiates the patient's ongoing management. The restoration of haemodynamic stability post-thoractomy, for example, provides immediate patient benefit and satisfying physician feedback.

Furthermore, emergency medicine is a progressive area of medicine that integrates new research and technology readily. The rapid uptake of FAST scan and use of aortic cross-clamping in this case of cardiac tamponade exemplifies this constant pursuit for improvement.

I intend to train and pursue my passion in emergency medicine after graduation. This conference would provide inspiration and direction to my future practice.

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