

Iranian EMS System

Masoud Saghafinia, MD; Mohammad Hosein Kalantar Motamedi, DDS

Trauma Research Center, Department of Anesthesia, Baqiyatallah Medical Sciences University, Tehran, Islamic Republic of Iran

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We read with interest the article “Emergency Nursing Staff Dispatch: Sensitivity and Specificity in Detecting Prehospital Need for Physician Intervention During Ambulance Transport in Rovigo Emergency Ambulance Service, Italy” by Leopardi and Sommacampagna.¹ Regarding the Iranian EMS system; several points merit mention:

1. Physician based EMS systems are common in Europe,² but in Iran it is paramedic-based.
2. Physician-based EMS has several advantages:
 - a. Physicians are trained in diagnosis and treatment of complicated emergencies and can provide diagnosis and treatment at the scene; this can be life-saving³
 - b. The presence of a physician at the scene of the accident may give the families more trust and assurance
 - c. Physicians can make timely decisions for complicated patient management
 - d. Physicians can manage complicated CPR, intubation and patient transport to the hospital.
 - e. Physicians are better able to relay the diagnosis to the hospital staff where the patient is transported.

Physician-based EMS has several disadvantages:

- a. In many instances, the physicians are not required at the scene of the accident and the actions can be performed by a qualified nurse
- b. There are not enough physicians in Iran and traffic accidents are at an all-time high
- c. Physician salary is insufficient.

In any case, in Iran, EMS training must be repeated once every two years for nurses and doctors; assessment and resuscitation training has to be repeated and evaluated.⁴

References

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