Volume 14 | Issue 2 | Editorial

AUSTRALASIAN JOURNAL OF **PARAMEDICINE**

Pre-hospital healthcare in developing countries requires a holistic approach to ensure services meet the diverse needs

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Editorial

Pre-hospital healthcare in developing countries requires a holistic approach to ensure services meet the diverse needs

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When you think about travelling in Asia or throughout the Pacific, do you consider the pre-hospital care provided in these countries? Irrespective of your answer, do you believe in health equality for all and more specifically, a reliable and efficient pre-hospital care service? Unfortunately, almost all low to middle-income countries in Asia and the Pacific face significant challenges when it comes to providing pre-hospital care.

One of the first questions that come to mind when looking into the pre-hospital care system in developing countries is: What is the educational system supporting it? More specifically, what level of training do the pre-hospital care providers have and is the education specifically tailored to the conditions found in their out-of-hospital environment? Traditionally in these countries, nurses are assigned to emergency vehicles with a driver and are asked to perform patient assessment and management with little training, if any, for the pre-hospital setting.

Other important questions are what funding is available and how are the services sustainable? This translates into staffing, training of staff, availability of pre-hospital equipment (including vehicle and contents), available pharmacological interventions and practice guidelines that support pre-hospital staff.

At the foundational level it is also necessary to note what systems are in place to coordinate and manage such services. This is fundamental. Alas, most of these countries don't have a central point of contact for calling an ambulance, which is seemingly disproportionate to the communication network availability, hence the dispatch system or constant communication systems can be lacking.

Also of importance is an understanding and respect towards the different cultural and religious sensitivities that exist in developing countries. For instance, in some countries the societal culture has an understanding or a belief that incidents that occur in the emergency pre-hospital setting are at 'God's will' – that they are acts of fate. This can have a significant impact on the level of importance the public perceive the ambulance service to have. It can also determine the cost at which the public are willing to outlay for an ambulance service.

These points need careful consideration when it comes to the different geographic locations and settings – terrain, urban, rural or remote – when reflecting on the provision of pre-hospital care in developing countries.

I strongly recommend you take the time to read the seminal work by Suryanto and colleagues in this issue of the *Australasian Journal of Paramedics* (1). Their research encompasses a holistic analysis and well developed approach to the pre-hospital care progression in the metropolis of Malang in East Java, Indonesia, and provides insight into the issues of healthcare provision, including pre-hospital care, in a developing country.

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Reference

1. Suryanto, Boyle M, Plummer V. The pre-hospital and healthcare system in Malang, Indonesia. *Australasian Journal of Paramedicine* 2017;14(2).