

Dear Editor:

The article titled, "Where there are no emergency medical services—Prehospital care for the injured in Mumbai, India" published in *Prehospital and Disaster Medicine* on 29 March 2010,¹ raises number of concerns about the existing system of prehospital emergency medical services in Mumbai. It also provokes us to ponder other issues such as the state of city's preparedness in managing the distribution of patients in the events of mass casualties, hospital preparedness, triage, etc.

The authors identified that the EMS system in Mumbai is dysfunctional, and therefore, prehospital care is managed by citizens using societal networks. They have elaborated on the advantages and disadvantages of this existing, alternative, informal system. However, the authors also recognize the essentiality for a formal EMS system for a city as large as Mumbai. They have reviewed and evaluated the existing EMS system in different cities that have a population size similar to that of Mumbai. Finally, they have highlighted a question of great relevance—whether a state-funded EMS system will be robust enough in a resource-poor-setting in which public hospitals are poorly funded.

Although the authors questioned the practicality of having such a system in Mumbai, in my opinion, it is essential to have a state-funded EMS system. Under normal situations, Mumbai might do without a formal EMS system. However, in the event of mass-casualty incidents, like riots, disasters, terrorist attacks (to which Mumbai is highly prone), etc., absence of such a system would lead to delayed ambulance dispatch, improper distribution of patients, overcrowding at certain hospitals, leading to embarrassing triage, and several similar problems that can make the crisis even worse.

Dr. Mecklai says, "In countries like the United States emergency services are centralized, and everyone knows exactly what to do: Dial 911. In India, there are multiple

services that all operate on their own with no coordination. Forget a national plan, there's not even a local plan."²

A number of authors have studied and discussed the advantages of a formal EMS system.^{3–5} Thomson and Marson⁶ have considered ambulance response time as an indicator of quality and effectiveness of prehospital care. Joshipura, Shah, and Desai have recognized the lack of coordination between hospitals and ambulances, as a major challenge in establishment of EMS systems in India.³ The authors in this article have expressed similar views and believe that establishment of a formal EMS network in Mumbai would not be an easy task to implement, and that it should fulfill several considerations. However, the establishment of "Dial 1298 for Ambulance" in Mumbai in 2005, and its performance with a fleet of 51 ambulances under normal situations, as well as in the events of mass casualties suggest that state-funded EMS system could be workable despite the challenges it may face. Issues of poor resources can be managed by proper coordination within multiple services that work on their own.

A good Samaritan passer-by would not cease to be a good Samaritan rescuer after the establishment of an EMS service. Its establishment would have some positive influence, not only on prehospital care, but also in hospital preparedness and disaster management during events of mass casualties. Hence, instead of relying on kind-hearted passers-by, Mumbai should realize the need for a robust EMS system and should work towards its establishment.

Sincerely,

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