

Letter to the Editor

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Transatlantic Takeaways: Addressing Overcrowding in American Emergency Departments Through a Polish Lens

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In the convoluted tapestry of global health care, an unsettling narrative is alarmingly being woven. This narrative focuses a universal health-care crisis unfolding across 2 distinct nations: the United States and Poland. Despite stark differences in their health-care systems and patient demographics, these nations find themselves united, confronting a common crisis. Overcrowded emergency departments (EDs), prohibitively long waiting times, and a mounting toll on patient lives^{1–3} are challenges common to both countries. This urgent crisis demands our unwavering attention and immediate, decisive action.

We stand on the precipice of a health-care emergency, facing fundamental questions that command our collective conscience: What are the systemic factors driving these troubling trends? How can immediate and sustainable strategies be implemented to combat these crises, while also ensuring their nonrecurrence? How do we navigate the grim reality of patients succumbing in ED waiting rooms due to extended delays in receiving critical medical treatment?

Our probe into this crisis starts in Poland. Here, the inadequate capacities of primary health-care facilities have forced many patients to resort to EDs for routine diagnostics and treatments.⁴ This decision, while seemingly essential at an individual level, burdens an already strained system. Simultaneously, the United States grapples with its unique health-care challenges. A relentless tide of coronavirus disease 2019 (COVID-19) cases, intensified by sub-optimal triage procedures and inefficient health-care protocols, has led to dire consequences, with patients tragically losing their lives as they await care.⁵

However, within the bleak contours of this escalating crisis, we discern an unexpected glimmer of opportunity—an opportunity for impactful reform. It is incumbent upon us to devise and execute strategic interventions addressing each country's unique challenges. These strategies must be implemented with an urgency that echoes the critical nature of these circumstances.

In Poland, the solution may be rooted in strengthening the capacity and accessibility of primary healthcare services, refining triage protocols through focused personnel training, and implementing stringent quality control measures.⁶ By empowering EDs to accurately identify and redirect nonemergency cases to primary health-care facilities, we can alleviate the immediate crisis.

Contrastingly, the United States needs to deploy its resources to tackle the COVID-19 surge while refining its triage and health-care delivery processes. Innovative technology platforms, like telemedicine, could serve as valuable tools to manage non-emergency cases, eliminating the need for a physical ED visit.⁷

However, this narrative transcends the boundaries of these 2 nations; it mirrors a global crisis calling for a globally coordinated response. The strategies proposed, while specifically tailored to the United States and Poland, offer flexibility to adapt to the diverse challenges faced by EDs worldwide. We must ask ourselves: Are we prepared to act decisively and swiftly to implement these strategies?

We underscore the necessity for immediate action and call for the global health-care community, policy-makers, and researchers to unify. We suggest establishing an international forum for the exchange of insights, experiences, and potential solutions⁸. We advocate for a targeted research agenda committed to evaluating the effectiveness of these proposed strategies^{9,10}. Furthermore, we emphasize the crucial need for a globally coordinated action plan to ensure the efficient and timely implementation of these solutions.

This ongoing narrative serves as a stark reminder of our interconnected global health-care systems and the pressing importance of collective action. Our collective will and decisive actions could spell the difference between life and death for countless individuals worldwide.

This narrative of despair should be seen as a stepping-stone toward change and progress. We are challenged to rewrite this narrative as a story of transformation where the strength of a society is reflected not just in its economic prosperity but in the resilience of its health-care

system. It is time for us to pen a new chapter in the history of health care—a chapter where robust, patient-centered, and responsive emergency health care is not an ideal, but a global reality.

The challenge is daunting, but our resolve must match the gravity of the situation. We must act with urgency and decisiveness, taking measures today, not tomorrow. The health and well-being of our global community rely on our collective willingness to act. The time for action is now, for every moment in the context of emergency health care is a heartbeat—a heartbeat that cannot afford to be lost. Let us harness the wisdom in this crisis and transform it into an impetus for globally coordinated action. The potential for a more resilient, efficient, and patient-centered global emergency health-care system lies in our hands, and its realization hinges on our immediate and decisive action.

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