Re: Pediatrician leaving Fort McMurray in protest of on-call system (Fort McMurray Today, January 5, 2017)

Recently, Dr. Ghassan Al-Naami announced his resignation from the Northern Lights Regional Health Centre as a pediatrician, citing concerns regarding patient safety due to the absence of a full time Emergency Department Pediatrician at the hospital.

When I read the story, I was disappointed to see Dr. AI-Naami's assertions that the situation in Fort McMurray represents a patient safety issue and a deviation from normal emergency care in Canada, and I feel obliged to respond to his false claims.

By way of introduction, I grew up in Fort McMurray, and continue to visit to work shifts in the Emergency Department at the NLRHC. I also practice Emergency Medicine at the University of Alberta, Stollery Children's, and Royal Alexandra hospitals in Edmonton.

In addition to my emergency medicine practice, I am a trauma team leader in the Edmonton Zone and a transport physician with STARS Air Ambulance and the Pediatric Critical Care Transport team, which allows me to see the gamut of emergency care provided to ill and injured children across the province. I routinely care for critically ill children in both academic tertiary care centres and community hospitals, and I can confidently say that Dr. Al Naami's assertion that the situation in Fort McMurray is unique and dangerous is simply not true.

In Fort McMurray, the emergency department is staffed 24/7 by full time emergency physicians who are trained in the initial assessment and management of patients presenting with time sensitive, acute conditions.

The care of critically ill children falls well within the scope of emergency medicine practice, and in fact emergency physicians have more training in the initial resuscitation and care of unstable children than do most community based general pediatricians.

This system means that any unwell child is evaluated and stabilized by a clinician with expertise in resuscitation, and then pediatric expertise is later brought in for the admission and ongoing management of the child once they have been adequately stabilized.

Dr Al-Naami asserts that this is exclusive to Fort McMurray, but in fact every emergency department in Alberta works on a similar premise. Even at the Stollery Children's Hospital in Edmonton, the only tertiary pediatric referral centre in Northern Alberta, the initial work up and care of any seriously ill or injured child is performed by pediatric emergency physicians.

Like Fort McMurray, there are no 24/7 in-ER staff pediatricians at the Stollery, and nor is there a need for the same. Pediatric care constitutes a significant proportion of the training within emergency medicine residencies, and emergency physicians complete courses in Pediatric Advanced Life Support and Neonatal Resuscitation to ensure that they are adequately prepared to independently manage any pediatric cases that might present to the Emergency Department.

Having worked at the NLRHC, I was disappointed by Dr Al-Naami's comments, as I worry that parents will feel that Fort McMurray is a community where their children are at risk of receiving inadequate emergency care. However, the care provided by the Emergency Department at the NLRHC is excellent and meets the same high standard demanded at large urban pediatric hospitals.

The parents of Fort McMurray can be confident that they will receive high quality emergency care for their children, and that the system in place at the NLRHC mirrors that practiced across Canada in regional and referral hospitals.

Respectfully submitted,

Craig Domke, MD FRCPC