

Acute Medicine and AMUSE: The Two Rising Stars of Bangladeshi Health Care System

The concept of “Acute Medicine” is relatively new to Bangladesh, although it is in practice as an integral part of the care pathway in the United Kingdom and some other developed countries for more than a quarter of century.^{1,2} Acute Medicine aims for efficient diagnostic processes and rapid treatment decisions for patients presenting with an acute illness in Internal Medicine in order to improve the patient safety, treatment outcome, patient experience and resource utilization.³ For many acute conditions, the improved outcomes are critically dependent on early phase of management – and acute medicine serves that specific part of the care pathway. Very few medical specialties have had to adapt as rapidly to the dramatic improvements in the medical care that have become available in the recent decades, and yielded such better results.^{4,5}

The reason behind the development of acute medicine is broadly to manage the increasing number of the acute admissions in a background of decreasing hospital beds as well as widening doctor-patient ratio in the UK.^{1,4} Although, Bangladesh has got a totally different healthcare system, the situation of increasing admissions and enhanced need for hospital beds and physicians are comparable.¹ There is no doubt that development of acute medicine in Bangladesh will definitely improve the situation.

The role of the Acute and Critical Care Physicians’ Foundation Bangladesh (ACCPFB) in this regard is a welcoming effort. ACCPFB’s endeavor for establishment and development of acute medicine throughout the country will surely result in a brighter future in the Bangladeshi health care system.

Point of care ultrasound (PoCUS) has been proven as a time-tested and rewarding tool for current and future acute care physicians.⁶ The use of PoCUS is rapidly increasing because of its usefulness in the primary assessment of acutely ill patients for diagnostics and resuscitation and its widespread implementation may well be one of the biggest changes seen in acute medicine in near future.^{6,7} Focused Acute Medicine Ultrasound (FAMUS) is the standard created specifically for acute medicine physicians and is endorsed by the Society for Acute Medicine, which is acknowledged by the Acute Internal Medicine (AIM) training committee of the UK as a specialist skill.⁸

Acute Medicine UltraSound and Echo (AMUSE) is the “FAMUS” equivalent PoCUS training program for Bangladeshi physicians, designed and delivered by the ACCPFB. Ever since the launching of this program, it has been widely accepted and extensively aspired by the physicians of Bangladesh. This training has enabled them to avail this remarkable medical tool properly and exploit the benefits of PoCUS fully.

ACCPFB’s venture to develop the acute medicine in Bangladesh & ameliorate the standards of practices in Bangladeshi health care system is admirable and praiseworthy. The publication of this medical journal is also a great leap forward for these endeavors. Acute Medicine and AMUSE – the two rising stars in the horizon of Bangladeshi health care system doubtlessly will resplendent the field and upgrade the overall situation.

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