

Interview with Dr Emile Bock – President of the SLMUC

Maurice Molitor:

Good morning, everyone. Our guest this morning is **Dr Emile Bock**, President of the newly established **Luxembourg Society of Emergency and Disaster Medicine (SLMUC)**.

Good morning, Dr Bock.

Dr Emile Bock:

Good morning.

Maurice Molitor:

Since 2016, Luxembourg has had a **Society of Emergency Medicine**. Today, the concept of **disaster medicine** has been added. This is clearly more than just a change of name. What is behind this evolution?

Dr Emile Bock:

Absolutely. The Luxembourg Society of Emergency Medicine was founded in 2016, primarily to represent emergency physicians.

Over time, however, we have learned, particularly through the COVID-19 crisis, climate-related events, and other challenges that may lie ahead, that our scope needed to be broadened to include **disaster medicine**, which is also part of our field of expertise.

We therefore decided to create a society where all stakeholders, whether directly or indirectly involved in these issues, can work together.

Maurice Molitor:

So, adding a single letter to the acronym reflects recent developments such as climate change, with increasingly frequent heatwaves, but also geopolitical tensions, I presume.

Dr Emile Bock:

Absolutely.

Emergency medicine must be understood much more broadly than hospital emergency departments alone.

We want to address all these issues that are increasingly prominent at professional conferences, particularly what we call “**preparedness**”: planning ahead, anticipating risks, and ensuring readiness.

Disaster medicine is an integral part of this approach, and emergency physicians are systematically trained in this field.

Maurice Molitor:

So, the SLMUC is not a new association created to negotiate with the Minister of Health or the CNS about tariffs or billing codes. It has a different purpose.

Is one of the reasons for widening your scope the feeling, or perhaps the observation, that we are not sufficiently prepared for situations such as war or climate-related disasters, particularly regarding medical response?

Dr Emile Bock:

If we are positioning ourselves more broadly, it is because we believe that emergency and disaster medicine cannot be limited to hospitals and emergency departments.

It also involves nurses, other medical specialties, and external partners such as the **CGDIS**, **Luxembourg Air Rescue**, and potentially even the Army.

All these stakeholders can come together within our society to reflect on how to make our country more resilient and how to develop plans to cope with such situations.

Ultimately, everything comes down to anticipation and proper preparation.

Maurice Molitor:

Does that mean existing plans can still be improved?

Dr Emile Bock:

Absolutely.

We want to play an active role in this field and perhaps become a point of contact for the various organisations and ministries involved, whether it be the Ministry of Health, the Ministry of the Interior, the Ministry of Defence, the **FHL**, or the **HCPN**.

Maurice Molitor:

So that you can contribute when these matters are discussed at national level.

In that context, it makes sense that emergency physicians no longer want to remain among themselves within the association but instead want to open it up to others: emergency nurses, personnel from the Army and the CGDIS, as well as physicians from other specialties.

The objective is therefore to connect different areas of expertise.

Dr Emile Bock:

Exactly. We need to bring all these skills together if we are to meet future challenges.

Maurice Molitor:

It may still be a little early for a definitive assessment, but is your approach working? Are the people you are trying to attract actually joining the society?

Dr Emile Bock:

We officially launched the society only recently, after almost a year of preparation.

I believe the number of members already demonstrates a certain level of success, especially given the diversity of people who have joined us.

I think this has the potential to become a very interesting society.

Maurice Molitor:

It is also a way of recognising and valuing your close collaborators, particularly nurses.

Dr Emile Bock:

Absolutely. They are essential.

Emergency medicine and disaster response are, by definition, a **team effort**.

And this goes far beyond physicians and nurses. Many other professionals are also involved.

Maurice Molitor:

What about physicians from other specialties? Do they feel concerned as well?

Dr Emile Bock:

There may have been some reservations initially, particularly surrounding discussions about the SAMU system.

However, things seem to be settling.

We have seen through our membership registrations that anaesthesiologists have joined us, as have radiologists and professionals from a wide range of backgrounds.

They are gradually becoming part of our society.

Maurice Molitor:

It is interesting that you mention anaesthesiologists. Some people might have assumed there was tension between emergency physicians and anaesthesiologists, particularly after debates within the CGDIS about whether emergency physicians should also be allowed to work on the SAMU.

So there is no lasting conflict?

Dr Emile Bock:

No. We have never viewed it as a conflict.

Anaesthesiologists may have felt somewhat challenged when this proposal emerged.

However, emergency physicians are certainly not seeking to replace anyone.

We simply want to contribute our expertise to this field because we possess the relevant skills.

This model has existed for many years in neighbouring countries, and I firmly believe that emergency physicians have an important role to play in **prehospital care**.

Maurice Molitor:

You have explained the areas in which the society wishes to become involved. But concretely, what do you want to offer your members?

Dr Emile Bock:

Our first General Assembly will take place on **21 October**.

At present, we have a board composed of the founding members.

What will certainly be established are various working groups focusing on different themes.

These will include day-to-day emergency department practice, prehospital care, and disaster medicine.

The objective is to work on preparedness for various types of disasters, whether climate-related events, public health emergencies, or even situations more severe than those currently occurring not far from our borders.

Maurice Molitor:

Do you also intend to organise training courses and perhaps large-scale exercises that simulate disaster scenarios as realistically as possible?

Dr Emile Bock:

Absolutely.

One advantage of a society such as ours is that we can potentially organise exercises on a much larger scale.

Disaster scenarios are already rehearsed within hospitals and the CGDIS.

However, we could imagine developing something of an entirely different magnitude, allowing us to prepare even more effectively.

Maurice Molitor:

We have spoken a great deal about connecting stakeholders within Luxembourg.

But is it not equally important to develop international links? The disasters we are discussing rarely stop at national borders.

Dr Emile Bock:

That is absolutely correct.

One of the reasons we joined the **European Society for Emergency Medicine (EUSEM)** this summer was precisely to strengthen those international connections.

EUSEM is the leading European organisation in emergency medicine and is extremely active in promoting scientific and professional exchange.

It organises numerous conferences where these issues are continuously discussed.

Maurice Molitor:

Finally, a question about what you referred to earlier as the everyday reality of emergency medicine in Luxembourg.

People often complain about very long waiting times in emergency departments. How do you assess the overall situation in Luxembourg's emergency services?

Dr Emile Bock:

Looking back, it is important to remember that the first emergency physicians arrived in Luxembourg around **2010**.

Since then, we have achieved several important milestones.

In **2016**, we founded the SLMU.

In **2020**, emergency medicine was officially recognised as a medical specialty.

So, we have already come a long way and have succeeded in gaining recognition for emergency medicine.

The next step is now to continue improving the system.

We have ideas to address the challenges we face. We know where the problems are, but we also know that solutions exist.

Maurice Molitor:

Are those solutions mainly related to resources?

Dr Emile Bock:

Yes. Infrastructure, staffing, and, naturally, equipment.

Equipment is generally well provided for, but there is always room for improvement.

Maurice Molitor:

And is this another area in which the SLMUC intends to play an active role?

Dr Emile Bock:

Absolutely.

What we have done so far remains one of our core objectives; we are simply broadening our scope.

At the same time, we will continue to advocate for **high-quality emergency medicine**, and emergency departments will remain one of our primary areas of focus.

Maurice Molitor:

SLMUC, as we have been discussing, stands for the **Luxembourg Society of Emergency and Disaster Medicine**.

It is a new organisation that has evolved from the previous society, and its president, **Dr Emile Bock**, was our guest today.

Thank you very much.

Dr Emile Bock:

Thank you very much.