lation with multiple co-morbidities and a shortage of primary health care providers, we are convinced the NP role will prove to be synergistic with ED physicians. This value is some years away from being realized, however. As we prepare for that time, continued thoughtful dialogue and debate will be invaluable.

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References

[The authors respond:]

We read with interest the comments about our article on NPs in the ED.1

The correspondents’ contention is that we have argued against a role for NPs in the ED. This Quixotic charge notwithstanding, our article was an attempt to review the historical and international experience of NPs in the ED and to outline both the pitfalls and benefits to their eventual introduction in a Canadian context.

In fact we have no doubt that NPs will have a role and an opportunity to improve the quality of care provided for Canadian emergency patients. The question is not whether they can provide primary care in the ED but whether they should. Our belief is that they have more important contributions to make.

Despite government’s fixation with non-urgent patients, there is little evidence supporting the premise that these patients pose a significant problem for EDs. And if they are not the problem, does the average Canadian ED need a solution in the form of another level of primary care provider in the ED?

There are, however, clear gaps in emergency care delivery — particularly in the areas of preventive health care and education, chronic disease management and assistance for our patients in negotiating the increasingly complex journey through the health care system. NPs should be encouraged to fill these voids and, in so doing, provide value added to the services already available in the ED.

The role of the NP in the ED is, as yet, undefined and still in evolution. It will certainly differ in different departments. Ultimately, the contribution of NPs to emergency health care will be judged by their ability to enhance quality of care and improve patient outcomes.

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Reference