

SURİYE'DEKİ İÇ SAVAŞIN 950 KM MESAFEDEKİ BİR ACİL SERVİSE YANSIMALARI

INTERNAL WARNINGS IN SYRIA, REFLECTIONS FROM 950 KM AWAY AT AN EMERGENCY SERVICE

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Öz

Amaç

Savaş, insanların kitleler halinde ülkelerini terk ederek göç etmelerine yol açmaktadır. Bunun sonucunda mülteci ya da sığınmacıların göç ettikleri bölgelerde sağlık kurumlarına ulaşım, kötü yaşam koşulları, yetersiz beslenme, dil ve eğitim sorunları, yetersiz temizlik koşulları, ekonomik sıkıntılar, sosyal güvence olmaması gibi nedenler ortaya çıkmakta ve sağlık sistemi üzerine de olumsuz olarak etki etmektedir. Bu çalışmada Suriye'de yaşanan iç çatışmalar nedeni ile yaşanan mülteci akımının, çatışmalardan 950 km uzaktaki bir acil servisine olan yansımalarını incelemek amaçlanmıştır.

Gereç ve Yöntem

Bu çalışmaya Kutahya Evliya Çelebi Eğitim Araştırma Hastanesi Acil Servisi'ne 01.01.2014 – 31.12.2017 tarihleri arasında başvuran Suriye uyruklu hastalar dâhil edilerek demografik ve klinik özellikleri incelendi.

Bulgular

Çalışma dönemi içerisinde acil servise başvuruların % 0,9 Suriye uyruklu olguların oluşturdu. Olguların 491'i (%55,9) kadın, 388'i (%44,1) erkekti. Hastalar başvuru şikayetleri açısından travmatik ve travma dışı nedenler olarak iki grupta değerlendirildi. Travma dışı nedenler açısından bakıldığında en sık başvuru karın ağrısı (%17,2), travma nedeniyle başvuranların en

büyük kısmı yumuşak doku travması (%9,3) olguları oluşturdu. Mülteci hastaların yıllara göre dağılımında 2015 yılında başvuru yapan mülteci sayısı 147 iken 2016 yılında 243, 2017 yılında ise 489'dur.

Sonuç

Yakın zamanda çatışmaların durmayacağı öngörüldüğünde, ileriki dönemlerde daha fazla mültecinin Türk sağlık hizmetlerinden faydalanmak isteyebileceği ve bu konuda çalışmalar yapılması gerekliliği düşünülebilir.

Anahtar Kelimeler: Acil Servis, mülteci hastalar, Suriye iç savaş

Abstract

Objective

The war leads people to leave their countries in masses and migrate to other countries. As a result, in areas where refugees or asylum seekers are heavily emigrated, there are a number of problems such as transportation to the health institutions, poor living conditions, malnutrition, language and education problems, inadequate cleaning conditions, economic difficulties, lack of social security and negative effects on the health system. In this study, it was aimed to examine the reflections of the refugee movement, which is caused by internal conflicts in Syria, to an emergency service 950 km away from the conflicts.

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Material and Methods

This study was carried out in the Kutahya Evliya Çelebi Training and Research Hospital Emergency Service between the dates of 01.01.2015 - 31.12.2017. This study 879 patients were retrospectively reviewed for age, gender, application form, referral complaints, diagnosis, follow-up and treatment locations.

Results

During the study period, it was found out that the applications to the emergency medicine clinic constituted 0.9% Syrian nationals. This of cases 491 (55.9%) were female, 388 (44.1%) were male. Patients were evaluated in two groups as traumatic and nontraumatic causes in terms of application complaints.

Introduction

War is a universal health problem, causing problems that result in death, injury, illness, and the entire life of survivors (1). During the war, it is reported that 14-15 million people were killed and more were physically and psychologically injured because a civilian had lost directly their life in exchange for a fighting person and could not meet their vital requirements such as food and water (2). In addition, war leads people to migrate to other countries by leaving their countries as masses. In the world, the number of people who came from countries due to war is approximately 13.5 million. One million from Afghanistan, 3.8 million from Angola and 4 million from Sudan had to leave their countries because of war (3). As a result, in areas where refugees or asylum seekers are heavily immigrated, problems related to the transportation to health institutions, poor living conditions, malnutrition, language and education problems, inadequate cleaning conditions, economic difficulties and lack of social security arise and adversely affect the health system(4). Even the emergence of the idea of migration has been reported to be sufficient to psychologically trigger trauma(5). The events of war and violence that have taken place in the Middle East since 2003 have seriously affected the neighboring countries both culturally and in terms of the health system. This leads to major social displacements(6,7). Since the beginning of civil war in 2011 in Syria, one of our neighboring countries, 2.5 million Syrians abandoned the country and were accepted by neighboring countries, i.e. Turkey, Iraq, Jordan, Lebanon and Egypt. Another 5 million Syrians were forced to migrate in their country due to this civil war (8).

According to the data published by the United Nations High Commissioner in 2016, Turkey is by far the most

The most common complaints were abdominal pain (17.2%) and the most common cause of trauma was soft tissue trauma (9.3%). If we look at the distribution of refugee patients according to years, the number of refugees who applied to our emergency department in 2015 was 147, 243 in 2016 and 489 in 2017.

Discussion

It is predicted that conflicts will not cease in the near future, and thus it is considered that more refugees will ask to benefit from Turkish health services in the future, and therefore the studies should be carried out in this regard.

Keywords: Refugee, Syria civil war, Emergency service

refugee hosting country (9). This situation seriously affects our country in many fields, especially in the field of health services (8, 10). "Temporary protection status" is granted to Syrian refugees when they enter our country. Thanks to this status, refugees living in and outside the camp are offered free health and medical services (8).

The most important area in which this service is provided is emergency services where the health service is continuously maintained on a 24-hour basis (11). In this study, we aimed to investigate the reflections of the refugee movement due to the civil war in Syria on an Emergency Service 950 km away.

Material and Methods

This study was carried out in the Kutahya Evliya Çelebi Training and Research Hospital Emergency Service between the dates of 01.01.2015 - 31.12.2017. Patients were identified using the hospital information management system. As Kutahya Evliya Çelebi Education Research Hospital is the only hospital in the city center operated by the Ministry of Health, many patients from the county hospitals and other private health institutions in the province are referred to this hospital. Being a third-level emergency department serving in the center, we treat approximately 245,000 cases per year, most of which are treated medically.

When the archive files of the past three years were examined, it was seen that 890 patients of Syrian nationality applied to the Emergency Service. Eleven patients with inadequate records, and registered incorrectly, left the hospital without examination were thus excluded from the study. The files of the remaining 879 patients were retrospectively reviewed for age, gender, application form, referral complaints, di-

agnosis, follow-up, and treatment locations. The permission for this data examination was granted by the Hospital Administration. As the study is retrospective in nature, no signed written consent was necessary.

Statistical Analysis

All data was evaluated using SPSS 20.0 for Windows (SPSS Inc., Chicago, IL, USA). Descriptive statistics were performed, and the median value (lowest to highest) was used for age distribution as it did not fit the normal distribution. Qualitative data are presented in numbers and percentages.

Results

During the study period, 0.9% of all applications to the Emergency Service (ES) were Syrian nationals. Of all these cases, 491 (55.9%) were female, 388 (44.1%)

were male and the median age was 27.29 years (ranging from 1 day - 77 years). When evaluated according to age groups, the cases of the 20-29 age group applied the most. In terms of the way of referral to the hospital, the most frequent cases of the cases applied to ES on their own. According to triage classes 589 (67%) cases were green, 259 (29.5%) yellow, and 31 (3.5%) cases were red area patients.

The most frequent application was in the autumn season and the most frequent application time was between 08.01 and 16.00 hours (Table 1). Patients were evaluated in two groups as traumatic and non-traumatic in terms of application complaints. The most common complaints were abdominal pain (17.2%), and the most common cause of trauma was soft tissue trauma (9.3%),(Table 2). When the cases were evaluated according to their diagnoses, the

Table 1 Demographic characteristics of patients presented to the emergency service

	n (%)
Gender	
Male	388 (44.1)
Female	491 (55.9)
Age Groups	
0-9	106 (12.1)
10-19	100 (11.4)
20-29	340 (38.7)
30-39	186 (21.2)
40-49	102 (11.6)
50-59	12 (1.4)
60-69	26 (3)
70-79	7 (0.8)
Transportation to Hospital	
Ambulance (112)	68 (7.7)
Self-facilities	782 (88.9)
Safety personel	29 (3.3)
Distributions of Seasonal Applications	
Spring	202 (23)
Summer	236 (26.8)
Autumn	249 (28.3)
Winter	192 (21.8)
Application hours	
00.01-08.00	85 (9.7)
08.01-16.00	434 (49.4)
16.01-00.00	360 (41)

most frequent diagnosis was upper respiratory tract infections (18,1%). The second most frequent diagnosis was pregnancy without any complaints usually applied for their routine examination instead of outpatient clinics (10%). The third most frequent diagnosis was urinary tract infections occurred (5.8%). According to the clinical course, 626 patients were treated as outpatients (71.2%), and 253 patients were treated by ES care supervision (28.8%). The 89.8% of the patients who were treated by ES care were discharged within 24 hours. The distributions of the consultati-

ons according to the departments are given in Table 3. According to this, 78.6% of the patients received consultations from the Gynecology and Obstetrics clinic. The 6.6% of all patients applied to the ES were hospitalized by the Gynecology and Obstetrics ward (Table 4).

Two patients (0.2%) were lost during the service follow-up and no cases died in the ES. The number of refugees applied to our ES was 147 in 2015, 243 in 2016, and 489 in 2017.

Table 2 Distributions of applications based on traumatic and non-traumatic complaints

Non-traumatic complainsts		Traumatic complaints	
Application complaint	Number	Application complaint	Number
Abdomainal pain	151	Soft tissue trauma	82
Nausea	104	Falling	48
vomiting	88	Animal biting	12
Sore	57	Assault	5
throat	50	Traffic accident	2
Cuaghing	32	Burn	3
No active complaint	28		
Fever	23		
Muscleache	21		
Headache	19		
Skin eruption	18		
Chest pain	16		
Dizziness	14		
Eye complaints	13		
Backache	13		
Diarrhea	11		
Shortness of breath	11		
Dysuria	10		
Vaginal bleeding	8		
Earache	7		
Stomachache	6		
Psychological complaints	6		
Toothache	5		
Sideache	5		
Weakness	4		
Fainting Jaundince	3		
Foreing object Confusion	1		
Nasal obstruction	1		
Palpitation	1		
Drug use	1		

Table 3 Distribution of patients based on the requested consultation departments

Requested consultation	Number	Percent(%)
Gynecology	158	78,6
Pediatric health and diseases	13	6,4
Orthopedi	10	4,7
Internal diseases	5	2,4
General surgery	5	2,4
Cardiology	4	1,9
Psychiatry	2	0,9
Infectious diseases	1	0,1
Cheast diseases	1	0,1
Eas Nose Throat	1	0,1
Neurology	1	0,1
Total	201	100

Table 4 Patient outcome states

	Number	Percent (%)
Outpatient treatment	789	89.8
Gynecological and labor inpatient service	58	6,6
Inpatient rejection	9	1
Pediatric diseases inpatient service	5	0,6
Dispatch Newborn inpatient service	5	0,6
Intensive care	3	0.3
Cardiology inpatient service	3	0.3
General Surgery inpatient service	2	0.2
Ex	2	0.2
Infectious diseases inpatient service	1	0.1
Orthopedia inpatient service	1	0.1
Psychiatric inpatient service	1	0.1
Total	879	100

Discussion

The refugee issue in general has an increasingly prevalent pattern of disaster, poverty, violations of human rights, and the continuation of war in the world (8). Syrian refugees, who are increasing in number in our country in recent years are migrating due to the civil war in their country. They have to cope with heavy living conditions, similar to the refugees living in many

other countries of the world and have many physical and psychological health problems (8-16). Refugee patients encounter many problems such as financial problems, language problems, lack of insurance system required to meet their health expenses, and many more, such as illnesses that they live with, cause them to prefer the ES in the area they are hosted (11, 16, 17). ES applications of the Syrian refugees in our country exceed 10% of the total number of appli-

cations, especially in the cities near Syria (11). In our study, the rate of application of Syrian refugees to our ES was lower (0.9%). This can be explained by the distance to the Syrian border, the geographical location of the city we are working. However, the continuing war in the region suggests that in upcoming years, refugee patients will continue to increase in number according to the distribution of applications to our ES. In most of the countries where the health system operates regularly, local residents apply to policlinics within work hours, and ES in after work hours (8, 10). Interestingly, in the current study the distribution was found to be the opposite. The reason for this is that Syrian patients have language problems and that the lack of health insurance mandates that they apply to ES for relatively easier, faster, and free of charge services. Refugee patients who do not benefit from preventive medicine practices such as vaccination, regular use of medicines in the presence of chronic illnesses, and physician control, use hospital resources more often than the locals (10, 11, 18).

According to this study, 17.9% of the Syrian women applied to the ES were evaluated by an obstetrician for regular pregnancy follow-up without any complaints. This may be due to the lack of the family medicine system for refugees. In a limited number of studies involving the border region conducted with refugee patients, found that they applied to ES due to respiratory diseases and trauma (17, 19). In the present study, the most common diagnosis was respiratory tract infections and the second most common cause was pregnancy. The rate of applications due to trauma is lower. This may be due to the fact that studies are usually done on the pediatric age group. The majority of the cases in our study consisted of adult age groups and it was found that a significant part of this group was female patients in the fertile period. Refugee patients who are separated from their homeland can easily get illnesses due to many reasons such as cultural problems, financial difficulties, and the climate conditions of the geographical region where they are migrating to. As a result, they may have difficulties in reaching a health facility on time. The great majority of our cases were treated on an outpatient basis and were discharged within the first twenty-four hours in the ES. Of the patients administered to the hospital for follow-up, the majority of these patients were hospitalized for gynecological and obstetric care.

It also has to be mentioned that the current study has some limitations. Such retrospective studies are important in terms of defining the general patient profile in the province as our hospital is the only public health institution. However, we may have excluded some ca-

ses that will affect the results because the data is obtained through the hospital information operating system. This study assessed the general characteristics of reflections of a civil war 950 Km far from an ES. Multi-center and prospective studies on the subject can reveal any problems that may arise in the future. As a result, it is possible to think that more refugee patients may want to benefit from our country's medical services in the future and that necessary planning should be done in the future if this civil war is predicted to continue in the near future. Strengthening of preventive health services in particular will enable these cases to benefit from primary health care services instead of emergency services and may be beneficial both for pregnancy follow-ups and for chronic illness as well as for disease prevention and drug screening. In addition to health services, social support programs and communication problems for these refugees are expected to contribute positively to the life of refugees who have been forced to leave their country and live in another country.

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