While a relatively young field of medicine, emergency care (EC) has recently witnessed dramatic advances which will definitely continue. At present, there are 2 main systems of EC provision, the Anglo-American and the Franco-German ones. Both systems have their indisputable advantages; however, they are also fraught with major drawbacks. Given my long-term personal experience with emergency medical service as well as my appointments in hospital resuscitation wards, emergency departments, and operating theaters, I am convinced there is still considerable room for improvement in the organization of pre- and in-hospital EC in our country.

To develop this thesis, I have collected as much as possible information about the organization of EC in various countries of the world and in the CR. Based on my knowledge and data from the above sources and, also, using my long-standing experience, I have evaluated and compared individual EC systems assessing both their advantages and disadvantages. The analysis has shown that the system of EC should meet both the geopolitical and economic status of the country involved, and the standard of currently available therapeutic options.

The outcome of my study is a proposal to modify the system of EC in the CR. It should be an adaptable system, with its main advantage being it will adopt, from the two current worldwide EC models, the beneficial aspects while minimizing their weaknesses. Replacing sort of a conservative way of thinking by a pragmatic approach would save non-negligible funds without deteriorating the quality of the health care provided; the quality of care provision could even improve.

The proposed concept would result, in addition to specific (calculable) savings, in other difficult-to-calculate benefits in terms of not only improved conditions for medical education of physicians, paramedics, and medical students but, also, shortening door-to-door time.