

## **Statement on Diversity and Inclusion of the Section and Board of Emergency Medicine**

Europe is characterised by a diverse and dynamic population shaped by a wide range of cultures, historical background, languages, ethnicities, religions, social identities, and lived experiences. According to the European Commission and Eurostat, increasing mobility, migration, and demographic change have further enriched European societies, while also highlighting the importance of inclusive and equitable public services. Diversity is not only a defining feature of Europe, but also one of its greatest strengths, contributing to innovation, social cohesion, and improved public outcomes when supported by inclusive policies.<sup>1,2</sup>

The UEMS Section for Emergency Medicine (EM) affirms that all persons (individuals) must be treated fairly, respectfully, and equitably, irrespective of ethnicity, culture, religion, race (gender), age, sexual orientation, gender identity, socioeconomic background, or disability. This position aligns with the principles set out in the Charter of Fundamental Rights of the European Union, which prohibits discrimination (Article 21) and guarantees equality before the law (Article 20),<sup>3</sup> as well as with the Constitution of the World Health Organization, which recognises health as a fundamental human right.<sup>4</sup>

In Emergency Medicine, these principles take on particular importance, mainly because the patients could not choose the medical team. Emergency medical care, including prehospital and mainly in-hospital treatment at emergency departments are frequently the primary — and sometimes the only — point of healthcare access for vulnerable populations, including migrants, older persons, individuals experiencing homelessness, and those with disabilities. The time-critical and high-risk nature of emergency care demands systems that are clinically excellent, equitable, and culturally responsive.

The following principles therefore apply:

### **1. Equity of Access to High-Quality Emergency Care**

There must be equitable access to timely, safe, and high-quality emergency care for all individuals, regardless of personal or social background or place of emergency situation. The World Health Organization defines health equity as the absence of avoidable or remediable differences among populations.<sup>4</sup> In practice, this requires proactive identification and reduction of barriers to care, including language obstacles, health literacy challenges, discrimination, and structural inequities.

### **2. Competence in Delivering Individualised Care**

All people have a right to high-quality care delivered with dignity and respect. Individual characteristics — including sex, age, ethnicity, genetic background, disability status, and social determinants of health — may influence disease prevalence, presentation, progression, and response to treatment.<sup>5</sup> Evidence-based emergency care therefore requires awareness of these factors and avoidance of bias in clinical decision-making.

### **3. Respect, Cultural Awareness, and Inclusivity in Clinical Services**

Respecting and acknowledging differences is fundamental to patient-centred care. Cultural

competence and cultural humility are recognised as essential professional attributes associated with improved communication, trust, and health outcomes.<sup>6</sup> Pre-hospital also

#### **4. Equity and Inclusivity within the Clinical Team**

Diverse and inclusive clinical teams are associated with enhanced innovation, problem-solving, and quality of care.<sup>7</sup> Fair recruitment, equal access to professional development, and zero tolerance for discrimination are essential to maintaining high standards.

#### **5. Inclusivity in Governance, Education, and Assessment**

The diverse membership of the EM Section strengthens the impact, credibility, and reach of its work across Europe. Inclusivity and respect must underpin governance, educational standards, and the conduct of the European Board Examination in Emergency Medicine, ensuring fairness, transparency, and absence of bias in assessment processes.

In summary, equity and inclusivity are foundational principles of high-quality Emergency Medicine. Embedding these principles in clinical practice, education, governance, and professional culture supports a healthcare system that upholds human dignity, achieves the highest ethical standards and delivers excellence for all.

Approved by the Section and Board of Emergency Medicine on the 18th of March 2026

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## **References**

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