

Many Thanks

Andy Walker, MD FAAEM
Editor, *Common Sense*

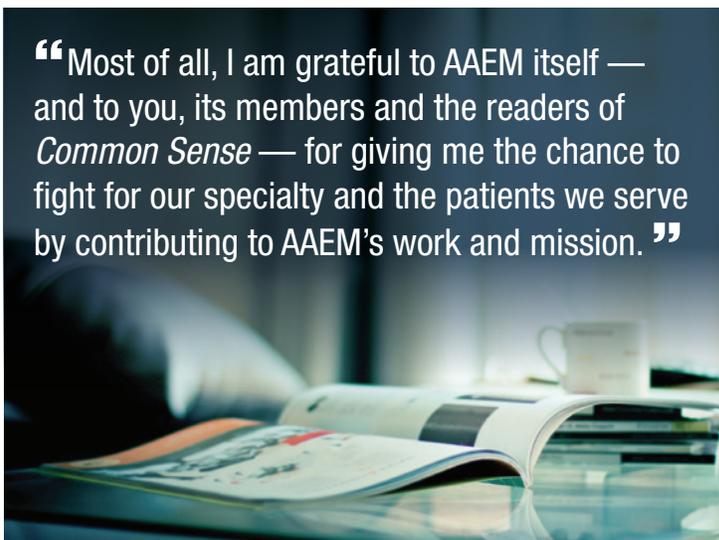


When I became Editor of *Common Sense* over five years ago, it was a newsletter printed in two colors on uncoated paper that averaged less than 30 pages in length. *Common Sense* is now a multicolored magazine printed on high-gloss paper that averages about 50 pages per edition. My biggest problem five years ago was recruiting authors and finding articles that would interest Academy members and be worth reading. Now a

core group of authors regularly submit material that I think is worth your time and attention, and I have the luxury of rejecting submissions for reasons of space, quality, or subject matter. In short, editing *Common Sense* was a job I wrestled with at the start that has now become routine, as though the magazine were on autopilot. That means it's time to let someone else take over as Editor. I think all of us do a better job when the task at hand makes us a bit nervous. A little anxiety makes us focus and keeps us energetic. The American Academy of Emergency Medicine is the single most important professional society in our specialty, and its voice — *Common Sense* — deserves no less. So, after a transition period to help him settle into the job, Andy Mayer will be taking over as Editor.

Dr. Mayer is well qualified and we are lucky to have him. He was chief resident at the LSU/Charity Emergency Medicine Residency in New Orleans; has held every position available in AAEM's Louisiana Chapter Division, including president; has served three terms on AAEM's board of directors; has chaired the Academy's Chapter Division Committee and is the outgoing chair of its Membership Committee. A native of New Orleans, after graduating from residency in 1990 Dr. Mayer joined a one-hospital democratic group, West Jefferson Emergency Physicians. West Jefferson Emergency Physicians is perhaps the oldest EM group in Louisiana and was the first of AAEM's 100% membership groups. Three of its members have been president of the Academy's Louisiana Chapter Division. Dr. Mayer became Medical Director of West Jefferson Emergency Physicians on March 1.

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Although my exact departure date is uncertain, I want to leave you with my thanks now. First and foremost I must thank AAEM's former president, Bill Durkin, who practically forced me to take the job. I am not exaggerating. I finally gave in and agreed to become Editor when I feared Bill was going to move from figurative to literal arm-twisting. I am glad he was so insistent. I think being Editor of *Common Sense* was the best possible use of my particular skills and interests in the service of AAEM, and thus in the service of emergency medicine, a unique specialty in American medicine and one I continue to love. Thanks, Bill.

I am also grateful to David Vega, who edited *Common Sense* immediately before I took over. He taught me a lot, accurately warned me that I would spend most of my time looking for material worthy of publication, and made the transition between editors easy. I hope I can do as good a job on the transition for Andy Mayer.

Once I realized what I had gotten into, and being lazier than David Vega or any of the preceding editors, I decided to recruit an Assistant Editor. Jonathan Jones was brave enough to take the job, despite being Emergency Medicine Residency Director at the University of Mississippi Medical Center. He has been of more help than I can say, and I am sure Andy Mayer will find him just as valuable.

Last but not least, Laura Burns. For those of you who don't know, one of the ways AAEM saves money and keeps your dues low

is by hiring an outside company, EDI, to provide management and administrative services to the Academy. This is a much more cost-effective approach than having a permanent corps of AAEM employees housed in a dedicated AAEM headquarters building. Laura leads the EDI staff assigned to publishing *Common Sense*. She and her colleagues help me edit; lay out the articles, photos, ads, etc.; administer the classified ads and other advertising; take care of printing and mailing; post the online version of *Common Sense*; see to copyright and reprinting issues; and more. They put *Common Sense* together, get it to you, and keep the enterprise running. Editors like me come and go, but the EDI staff remains. The most important and valuable thing I did when I took over as Editor was to go to Milwaukee, talk to Laura and many others at EDI, and learn from them. You do a magnificent job, folks, and I can't thank you enough. I know you will be just as good to Andy Mayer, who I hope will be forever known at EDI as New Andy.

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Most of all, I am grateful to AAEM itself — and to you, its members and the readers of *Common Sense* — for giving me the chance to fight for our specialty and the patients we serve by contributing to AAEM's work and mission. I won't go into detail again here since I have said this in past columns, but AAEM is critical to the health of our specialty and the welfare of board-certified emergency physicians, and thus to the patients we serve. Without the Academy, legitimate board certification in EM wouldn't be the foundation of our specialty and EM might not have achieved the status and esteem it now has. Without the Academy, the private practice of EM by democratic, physician-owned groups might already have disappeared, buried under an avalanche of corporatism. Certainly, many democratic EM groups that are still here would have been wiped out years ago. Without the Academy, good emergency physicians who were fired without peer review or due process because they were trying to do the right thing for patients — including many ACEP members who turned

to the College first before coming to the Academy — would have nowhere to go for help. At a time when the medical profession in general, and EM in particular, seems to be in decline because of eroding professional autonomy and a sense that our ancient code of ethics is moot, AAEM is a consistent and reliable beacon of hope. The Academy gives us a way to fight back against the corporations, administrators, bureaucrats, lawyers and others who want to interfere with our professional judgment and insert themselves into the doctor-patient relationship — sometimes robbing us while they do it. The American Academy of Emergency Medicine is an antidote to the cynicism of our age, and a balm for burnout, and I am grateful to have had the opportunity to contribute to it. I urge all of you to look for ways to promote the Academy and its mission, and to do all you can to recruit new members — and write Andy Mayer lots of letters to the editor! ■

2017 ABEM 30-Year Certification List

The American Academy of Emergency Medicine is proud to recognize these members of the Academy who recently received a special certificate from the American Board of Emergency Medicine, recognizing that they have been board certified by ABEM for 30 years. Well done!

Michael L. Blakesley, MD FAAEM
 Kevin J. Bonner, MD FAAEM
 Rolla Bruce Campbell, MD FAAEM
 John W. Cartier, MD FAAEM
 Adrian S. Cheong, MD FAAEM
 William K. Clegg, MD FAAEM
 Robert W. Derlet, MD FAAEM
 Robert Paul Falkowski Sr., MD FAAEM
 David J. Gray, MD FAAEM
 Anthony F. Graziano, MD FAAEM
 Jack L. Harari, MD JD FAAEM
 Fred P. Harchelroad Jr., MD FAAEM
 Leonard Y. Herman, MD FAAEM
 Mark P. Hoornstra, MD FAAEM
 Sahibzadah M. Ihsanullah, MD FAAEM
 Stephen E. Johnson, MD FAAEM
 Neal A. Kaforey, MD FAAEM
 Robert D. Knight, MD FAAEM

Denis J. Kuhlmann, MD FAAEM
 James M. Larson, MD FAAEM
 Juan M. Nieto, MD FAAEM
 Robert H. Potts, Jr., MD FAAEM
 Richard D. Rucker, Jr., MD FAAEM
 John P. Rudzinski, MD FAAEM
 William M. Shapiro, MD FAAEM
 Miles Shaw, MD FAAEM
 Charles W. Sheppard, MD FAAEM
 Richard M. Stromberg, MD FAAEM
 Gary D. Swanson, MD FAAEM
 Martin R. Tice, MD FAAEM
 Harry S. Vorhaben Jr., MD FAAEM
 James S. Walker, DO FAAEM
 William Bruce Watson, MD FAAEM
 Sheela Bhat Wilson, MD FAAEM
 Leslie S. Zun, MD MBA FAAEM ■



Letters to the Editor



Letter in response to the March/April 2017 *From the Editor's Desk* column "The Academy and the College"

Thanks for your strong yet fair response. I have been an AAEM member since residency and an ACEP member as well. I have served in various roles with both. I did not know about the Florida issue or the support of BCEM by ACEP, however. I am going through some personal issues with my academic employer that is looking like it will result in a career reset so the maltreatment of EPs is palpable for me on a global and personal level. In fact, in confidence, it is ironic that my possibly final act was to re-write the credentialing requirements for my subspecialty. Anyway, I wanted you to know that I completely agree with your comments and believe it was fair and balanced. I am sickened

by what I have witnessed over the last few years. The issues are not only with the contract management groups but also with large academic hospital groups as well. In these groups one also sees lack of due process, restrictive covenants, lack of transparency, and all the same issues raised for years with the CMGs. Employed physician groups of large hospitals and hospital systems are the new CMGs. I am not sure what I will do about my ACEP membership next year, but I know I will still be working with my AAEM colleagues without a doubt.

— Name withheld by request

Thank you for both your kind words of support for me, and more importantly, for your support of AAEM and its principles. I believe your story is important and our specialty would benefit from its telling. I think you should seriously consider writing your story anonymously for publication in *Common Sense*. I thought academic jobs usually provided for some kind of peer review and due process and were free of restrictive covenants. I was surprised to read,

"I am sickened by what I have witnessed over the last few years. The issues are not only with the contract management groups but also with large academic hospital groups as well. In these groups one also sees lack of due process, restrictive covenants, lack of transparency, and all the same issues raised for years with the CMGs. Employed physician groups of large hospitals and hospital systems are the new CMGs."

I knew of the lack of transparency in academia — and of the dean's tax taken at multiple levels — but not of the other issues. If I am ignorant of these problems in academic emergency medicine, I guarantee you that most AAEM members are too. We will remain ignorant until someone with direct experience explains the situation. Please think hard about being that person.

— Andy Walker, MD FAAEM
Editor, *Common Sense*



Response to an Article? Write to Us!

We encourage all readers of *Common Sense* to respond to articles you find interesting, entertaining, educational, or provocative. Help us stimulate a conversation among AAEM members.

www.aaem.org/publications/common-sense