

From the Assistant Editor's Desk

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As I'm writing this article, the 2012 presidential election is about to be decided at the polls. A culmination of months of campaigning, debates, and no lack of discussion as it pertains to health care. As you're reading this article, the votes have been counted and hopefully a winner declared. Either way, whether your candidate won a stay at 1600 Pennsylvania Avenue or earned

a one-way ticket back to his residence outside of the capital beltway, the American experiment begun in 1776 marches onward, tasked with improving health care for its populace.

There isn't enough space in *Common Sense* or my column to outline the pro's and con's of each health care plan as put forth by the presidential candidates or their respective political affiliations. Plus, there's no lack of resources available if you have yet to familiarize yourself with what has been proposed and/or already put into law. Friends, family, and patients have asked for my thoughts on the future of health care and the legislative debate. I preface it with the disclaimer that I am none of the following: a politician, lawyer, or insurance industry executive. I do preface it with the disclaimer that I am the following: an emergency medicine physician, husband, father, and every once in while, a patient. So, I have some "stake in the game" — as do you.

At this point you're probably looking for my personal commentary on health care reform ... but I'm not here to be anyone's adversary or ally. Instead of soap-boxing my views, all I ask is that you ... we ... emergency medicine physicians take an interest in the debate of proposals and resultant decisions that impact our professional world. Granted, the national debate can get a bit overwhelming. That's ok. In fact, local and state politics hold just as much if not more value. Your statehouse and local legislator are a direct link to your immediate practice and a community's health care needs. Strive to do what is best for your patient population. Collaborate with your colleagues in the ED, in the hospital, and in your community. Anyone who has worked in an ED knows that much of what constitutes health care at some point involves emergency medicine services. Am I tooting our own horn? You bet — and why not?

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It's common sense that we have a lot to gain (or lose), in respect to emergency medicine, as to how our respective communities make health care more comprehensive and a better business model.

Common Sense ... an appropriate and telling name chosen by AAEM for its professional newsletter and a phrase that we need to keep in mind! Many say "common sense" is dead. I say that reports of its demise have been greatly exaggerated! Don't be afraid to use it! We all make it our professional goal to do what is right for our patient ... incorporating medical facts and knowledge with the "common sense" of what patient dynamics will allow. That same "common sense" can be a useful tool in making sense of and maintaining the importance of emergency medicine in the debate of health care reform. We're all in this together. Let us not forget that physicians have an inherently unique vantage point in health care delivery. It buys us a seat at the table of debate — if we're willing to voice our opinions. We need to work together and see to it that "common sense" doesn't get thrown to the wayside in developing a better health care plan for our country and more importantly for the communities in which we live. ■

Yours in Medicine,
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