

Happy Birthday AAEM!

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The American Academy of Emergency Medicine turns twenty this year, and *Common Sense* will honor that milestone in several ways. In this and future issues throughout 2013, you will find two new features: “Blast from the Past” and “The Founders’ Forum.” “Blast from the Past” will reprint highlights and whole articles from early editions of *Common Sense*, among other historical tidbits. “The Founders’ Forum”

will feature articles from the two emergency physicians who founded the Academy, Jim Keane and Scott Plantz, as well as some of those who helped create AAEM’s bylaws and mission statement during its first year (see the photo in this issue’s “Blast from the Past”).

Many things about AAEM have changed over the past 20 years. The Academy is much bigger, of course, with just over 7,000 members. *Common Sense* is published six times a year instead of once, and each issue is about five times bigger than those early issues. Despite attempts by many during its first few years to characterize it as a fringe organization populated by malcontents, AAEM is now widely admired as occupying the ethical high ground in emergency medicine, and looked to for leadership on controversial issues in our specialty. It has influence far beyond its size.

Some things have changed very little, such as the Academy’s mission statement, printed in this and every issue of *Common Sense* since it was first published in 1995. The parts of AAEM’s Mission Statement that attracted me to the organization were 1) the commitment to legitimate board certification and, 2) the desire to protect the individual, clinical emergency physician — the “scrubs” rather than the “suits,” as Dr. Keane labeled them in *The Rape of Emergency Medicine*.

When I joined AAEM, I had been a member of ACEP since my first year as an emergency medicine resident in Jacksonville. In those days emergency medicine was still struggling for recognition as a legitimate specialty. One of the marks of a legitimate specialty is that it plays by the same rules as other specialties. This means that, after a period of years for the founders of the specialty to “grandfather” into board certification, residency training in the specialty is required in order to sit for board exams in the specialty. During and after residency, I

was disappointed at what I saw as ACEP’s failure to vigorously defend this principle. It seemed conflicted on the issue because of the large number of its members who were not eligible for ABEM or AOBEM certification. I remained a member, however, thinking that eventually the College would come around.

While a resident, one of my attendings in Jacksonville, Bob Wears, did his best to prepare us for the cutthroat world of business he knew we would face. I was surprised and disappointed to learn that I could not trust other physicians to treat me as a colleague — that the rules of the marketplace (anything short of force or fraud is acceptable) would apply in most emergency medicine jobs, rather than the professional ethic of a brotherhood of physicians that I saw among doctors in my hometown, in my medical school and residency, and in the Hippocratic Oath. I worked for two corporate megagroups when I completed residency, and then settled in an academic job where I reviewed contracts for residents and tried to teach them some of what I had learned from Dr. Wears and from hard experience. I became increasingly disappointed with ACEP’s failure to combat the predatory exploitation of one emergency physician by another — or by non-physicians. I attributed this to the significant number of ACEP leaders who owned or held management positions in megagroups. But I remained a member, thinking that eventually the College would come around.

Even after I learned of AAEM’s founding and joined the Academy, I remained a member of the College. I thought to myself, “Until ACEP sees the light and starts doing the right thing, I’ll do what I can to better emergency medicine through AAEM. Eventually the College will come around.” It took several more years before I finally gave up on the College ever coming around, grew tired of paying its higher dues, and faced the inevitable. I wrote a letter explaining my reasons, renounced my fellowship (FACEP) status, and resigned. I do not write this to suggest that anyone else should share my opinion or resign from ACEP. Many Academy members, including several on its board of directors, are also members of the College. I review the evolution of my thinking on ACEP only because, in reading the first issue of *Common Sense* that is largely reprinted in this issue, I was struck by how reluctant AAEM’s founders seemed to be to create the Academy. What they really wanted was for ACEP to come around — just like me. And they finally gave up — just like me.

Did I do the right thing? I am certain I did. More importantly, did the Academy’s founders do the right thing? Has AAEM made emergency medicine a stronger and better specialty than it would have been with ACEP alone? Are emergency physicians better off because of the Academy? I am certain that the answer to each of those questions is “yes.” The battle for board certification and legitimacy as a specialty seems to be won. We haven’t had to beat back one of BCEM’s (the

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Board of Certification in Emergency Medicine) attempts to gain legislative or regulatory legitimacy in several years, and as far as I know the only state where BCEM won recognition for its diplomates is Florida. (For more on that 2001 event and other highlights of the board certification story, see my article in *Common Sense* from 2010.)¹ That wouldn't be true without AAEM. Not only has the Academy led the way on this issue, having AAEM to compete with put pressure on ACEP to do the right thing. Since the unfortunate actions of some of its members in Florida, ACEP has been a defender of legitimate board certification.¹ The College requires board certification or residency training for new members, and stopped granting fellowship (FACEP) status to members without board certification at the start of 2010. It may sound odd, but I think AAEM has made ACEP a better and thus stronger organization.

Unfortunately ACEP, in my opinion, has not come around on the other issue that led me to join AAEM: fair treatment for those emergency physicians who do the work of patient care; those who work nights, weekends, and holidays rather than nine-to-five on weekdays; those

who wear scrubs to work instead of suits. In many EDs some still profit unjustly from the labor of others, rather than earning their own way. The Academy continues to fight this, and despite weathering some defeats, has won several important victories. Although the problem remains, I believe things are better now than when I entered the specialty in the 1980s, and better than when AAEM was founded. That definitely wouldn't be the case without the Academy. I shudder to think what the situation would be like if AAEM had not been created, and prospered as it has. So thank you to Drs. Keaney and Plantz, and all those who nurtured the American Academy of Emergency Medicine. I hope that we are making you proud and will leave AAEM even bigger, stronger, and better than when we found it. Emergency medicine, and emergency physicians, still need the Academy. ■

References

1. Walker A: Legitimate. *Common Sense - the newsletter of the American Academy of Emergency Medicine*. 17(3): 8-12, 2010.



NEW: AAEM PODCASTS

AAEM is proud to unveil a new podcast series titled

Emergency Physician Advocates: Medical-Legal Issues in Emergency Medicine

In this podcast series, Larry Weiss, MD JD FAAEM, and Joseph Wood, MD JD FAAEM, discuss timely advocacy issues for the emergency physician. Both contributors are emergency physicians, attorneys, and past-presidents of the American Academy of Emergency Medicine (AAEM). Join them each month as they discuss issues of importance to emergency physicians.

Other series coming soon!

- Critical Care topics
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