

The Moral Arc

Andy Walker, MD FFAEM
Editor, *Common Sense*



We shall overcome because the arc of the moral universe is long, but it bends towards justice.

— Martin Luther King, Jr.

Above are the inspiring words of a brave man, who successfully accomplished his moral crusade even at the cost of his life. But is King's statement true? I fear not. The universe is chaotic, indifferent, and unfeeling. It doesn't have morals. People have

morals — well, most people. Unfortunately, people often rationalize the worst kind of behavior to protect their economic self-interests. If the arc of the moral universe is to be bent towards justice, brave and principled people must exert will and effort to do it, and be willing to take chances and make sacrifices to overcome those who put their greed above the just interests of others.

Emergency medicine provides examples of both kinds of people, those trying to bend the arc towards justice and those profiting from injustice. In general, we are a specialty to be proud of. While we sometimes complain about the people who don't need us but crowd our emergency departments, we eagerly and even cheerfully take care of any patient who does need us — the acutely injured and seriously ill — without regard to their ability to pay for our services. And we were doing that as a matter of professional ethics long before EMTALA became law. In my pre-EMTALA experience, it was hospital administrators and on-call physicians, not emergency physicians, who were behind the improper transfer of patients for financial reasons. According to a 2003 report from the Center for Health Policy Research ("The Impact of EMTALA on Physician Practices," by Carol Kane, PhD), in the year 2000 the average emergency physician in the United States donated over \$138,000 worth of EMTALA-mandated care — more than ten times the average of all specialties. Sixteen years later, that number is undoubtedly even higher. Emergency medicine has every right to be proud. We uphold the finest traditions of the medical profession, often taking care of patients no one else wants, at times when no one else wants to be there.

Our specialty, however, also has those on the other side. Those who ignore the oath they swore upon entering the medical profession, who prey on and exploit their colleagues for profit. Those who have become wealthy, not from taking good care of difficult patients at inconvenient times, but from picking the pockets of those who are doing that work. If you work for a corporate staffing company — or for some individual contract holders who are just as bad — you are a victim of those on the wrong side of the moral arc. On average, staffing corporations keep over 20% of the professional fees they collect for your services — and that is after they charge you for services actually rendered, such as malpractice insurance and coding & billing. And adding insult to injury, those services are usually provided by a subsidiary of the staffing company that charges you above-market rates. In practical terms, you are working a shift per week entirely for the company. Over the course of a 30-year career, that will cost you two to three million dollars when opportunity costs are included. The

emergency physicians who serve in mid-to-upper management positions in such companies should be ashamed, but less ashamed than the emergency physicians who founded, own, or are CEOs in those corporations.

Just as individual emergency physicians have to make a moral decision about what they are willing to do for financial gain, so do the professional societies that represent them. I believe that AAEM is on the right side of the moral arc. That's why I joined in 1993. It is my personal opinion that ACEP is too often on the wrong side. In fact, I believe that ACEP more



“Just as individual emergency physicians have to make a moral decision about what they are willing to do for financial gain, so do the professional societies that represent them. I believe that AAEM is on the right side of the moral arc.**”**

often represents corporate interests than the interests of individual emergency physicians. That's why I resigned my membership and renounced my status as a Fellow in the mid-1990s, after a decade of membership. I have seen too many good, principled emergency physicians — many who were members of ACEP — come to AAEM for help after first appealing unsuccessfully to ACEP. Some of those were about to have their independent groups wiped out in a corporate take-over. Some, like Dr. Wanda Espinoza Cruz, were apparently fired without peer review or due process for trying to protect their patients (www.tampabay.com/news/health/doctor-says-she-was-fired-for-reporting-low-staffing-at-brandon-regional/2218497).

Continued on next page

I am not suggesting you should resign from ACEP. Many members of the Academy, including members of its board of directors, are members of the College too. Since it is bigger and richer, there are practical and legitimate arguments for being part of ACEP. So, what do I want?

First, I want you to clearly understand the differences between the Academy and the College, and why it is so important for emergency physicians and our specialty that the Academy continues to grow. AAEM is always on the side of individual emergency physicians and the patients they serve, not corporations. AAEM doesn't accept advertising or sponsorship from staffing corporations that exploit emergency physicians, so it never has a conflict of interest. AAEM doesn't have the founders, principle stockholders, or CEOs and other officers of staffing corporations in leadership positions. If you think that is also true of ACEP, you are wrong.

For the sake of brevity, let's look at just one example: EmCare. Leonard Riggs, once ACEP's president, founded EmCare — now part of Envision Healthcare ([www.texacep.org/?page=pleonardriggs](http://www.texacep.org/?page=poleonardriggs)). Dighton Packard, twice president of ACEP's Texas chapter, is chief medical officer for EmCare and Envision (www.emcare.com/about/leadership/dighton-c-packard,-md,-facep). ACEP's current president, Rebecca Parker, is an executive vice-president for EmCare and a senior vice-president for Envision (www.emcare.com/about/leadership/rebecca-parker-md-facep).

Just go to EmCare's website (www.emcare.com/about/leadership) and look at how often you see FACEP following the names of its physician-leaders, compared to FAAEM.

“Destroying independent, democratic emergency physician groups ... groups that didn't unfairly exploit their docs, deprive them of peer review and due process, or bind them with post-employment restrictive covenants. I believe that does cross the ethical line, and violates our profession's ethical demand that we treat our colleagues like family.**”**

Second, if you are a member of ACEP, I want you to do whatever you can to make the College better. Yes, even I, a nonmember, want ACEP to be better than it is — an ethically cleaner, less conflicted, more reliable advocate for individual emergency physicians. ACEP is the biggest and wealthiest professional society of emergency physicians in the United States. All of us will be better off with a better ACEP. It will be much easier for AAEM to bend the arc of the moral universe towards justice for emergency physicians if ACEP is helping. That is unlikely to happen if those who lead ACEP are on the wrong side of the arc. ■

2017 State of the Academy and Candidates' Forum



Friday, March 17, 2:00pm-3:30pm

You're invited to AAEM's annual business meeting and election forum. You'll hear directly from the AAEM president about the successes of the past year and the direction the Academy is headed.

You'll also hear from those nominated for the board of directors and be able to ask them questions before casting your vote in the election.

Be involved, be informed, join us!

American Academy of Emergency Medicine
23RD ANNUAL SCIENTIFIC ASSEMBLY

Hyatt Regency Orlando



Letters to the Editor



Letter in Response to the President's Message "Physician Burnout or Physician Resiliency?" in the July/August 2016 Issue

After reading the article titled "Physician Burnout or Physician Resiliency?" I have come to the conclusion that the issue of physician burnout will not be solved without completely revolutionizing the way our profession views the problem. Most proposals look at the problem of physician burnout as a physician problem. The article adds to this myth by identifying resiliency on the part of a physician as a solution. Such solutions simply continue to enable failure by decision makers in health care by giving them the tools to maintain the status quo and act as if something is being done to address the issue.

The reality of emergency physician burnout is that it is a workplace issue caused by a number of factors: understaffed emergency departments, difficult to use electronic medical records, slow computers and networks, unresponsive consultants, the misapplication of customer service based management philosophies, and malpractice issues. Undoubtedly there are others.

If factory workers suffered from poor morale because of an unsafe work environment, no one would recommend that they be more resilient. OSHA would mandate that the issues be corrected and management would see that it was done. Until we come to see physician burnout as a natural response by highly skilled, motivated, and intelligent individuals to workplace safety issues, nothing will change.

If you are feeling burned out, it's absolutely essential to realize it's not a "you problem." Your hospital is what is falling short. Most emergency physicians lack the ability to make even the smallest of improvements to the environment they work in, so voting with your feet is the absolute best thing you can do to address burnout and secure your future career. When you do, following the three guidelines at the end of the article will help you in your search.

— Milind R. Limaye, DO FAAEM

First, thanks for writing. I love hearing from readers of *Common Sense* and wish more would write. Second, I couldn't agree more with your statement, "If you are feeling burned out, it's absolutely essential to realize it's not a 'you problem'. Your hospital is what is falling short. Most emergency physicians lack the ability to make even the smallest of improvements to the environment they work in..."

As I pointed out in "Responsibility and Authority" in the Jul/Aug 2014 issue of *Common Sense*, because so many emergency physicians have lost control of their departments and lack any authority to change or improve them, but are still held responsible for what happens in them, they work in an environment designed to create what psychologists call "experimental neurosis" and cause burnout. Every case of emergency physician burnout I have seen in my over 30 years of practice was caused, not by some character defect or psychological flaw in the physician, but by a pathologically defective work environment that was created when control of the ED was taken away from the doctors and nurses who care for patients there, and turned over to bureaucrats and administrators. When good doctors are put in an environment where they are prevented from delivering the best possible care as efficiently as possible, they become frustrated and unhappy. When they are held responsible for the flawed department that was forced on them and that they are powerless to change, or harassed over meaningless metrics that distract from actual quality, they burn out. The fundamental truth about burnout is this: burnout is the normal response of a good emergency physician to a malfunctioning ED, when that physician has none of the authority needed to correct the malfunction, but is held responsible for it. If we want to reduce physician burnout, we must restore physicians' professional autonomy.

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

For more by Dr. Walker on burnout and its causes, see these issues of *Common Sense*:

- Mar/Apr 2013: "A Personal View on Burnout"
- Jul/Aug 2014: "Responsibility and Authority"
- Mar/Apr 2015: "Moving the Meat: My Recovery from Burnout"
- Jul/Aug 2016: "The Medical-Industrial Complex"

Continued on next page

Letter in Response to From the Editor's Desk "Crossing the Line" in the September/October 2016 Issue

Hi Dr. Walker!

I am just a regular old ER doc trying to make a living, and a proud AAEM member who has really enjoyed the editorials regarding CMGs, particularly those regarding EmCare and Rebecca Parker.

I experienced Rebecca Parker and EmCare first hand while staffing Lake Health as a locums during the very time period you have written about. While advocating for myself, my patients, and my reimbursement, I was called names by EmCare directors, and Dr. Parker herself threatened my livelihood if I failed to comply with her edict of signing out and not billing for a minute over the shift unless performing critical care in a single coverage setting.

It's been over 7 years now and I have managed to survive without EmCare, TeamHealth, ApolloMD, or Schumacher. I refuse to staff their contracts. I encourage any doctor I meet on the circuit to avoid them. After many discussions, a few major locums agencies also finally decided to cut ties with these companies, because they grew weary of vendor practices and companies claiming doctors and invoking 5 year non-competes.

I find it distressing that someone wrote about all this in 1998 in the now famous *The Rape of Emergency Medicine*, and yet ER doctors did not heed the warnings. I am only one person, and the effect of my personal black list is not far reaching. What can be done about the harmful effect these companies have on our specialty and patients?

I am willing to serve.

— Name Withheld on Request

Thank you for writing. I regret that we live in a world where you had to ask us not to publish your name, but I understand the reasons for your request. As for your question on what can be done about the corporate staffing companies that prey on emergency physicians, I don't know what else AAEM can possibly do. The Academy does all it can to give emergency physicians the knowledge they need to protect themselves. It takes legal action whenever appropriate, feasible, and cost-effective. Now it has even formed the AAEM Physician Group (AAEM-PG), to support democratic independent groups and found new ones. The only avenue the Academy hasn't yet pursued is forming a union to protect those emergency physicians who are employees — and I'll bet that will happen in the next few years.

As for individual emergency physicians, all they can do is have the moral fiber to refuse management positions in companies that treat their colleagues unfairly. To our specialty's credit, and our profession's, most do. But it takes only a small percentage of emergency physicians willing to violate their professional ethics to keep the contract management industry running.

That brings us to the real question: what more can ACEP do? Those EPs who are members of ACEP should think long and hard about that question, and take it to ACEP leaders like President Rebecca Parker. And they shouldn't accept fears of violating antitrust laws as an excuse to avoid the issue — because that is a lie. If antitrust laws were a legitimate concern in the effort to protect individual emergency physicians from predatory exploitation, the feds would have come after AAEM 20 years ago.

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



Strength in Numbers AAEM 100% ED Groups

■ AAEM 100% ED Group Membership

AAEM instituted group memberships to allow hospitals/groups to pay for the memberships of all their EM board certified and board eligible physicians. Each hospital/group that participates in the group program will now have the option of two ED Group Memberships.

- 100% ED Group Membership — receives a 10% discount on membership dues. All board certified and board eligible physicians at your hospital/group must be members.
- ED Group Membership — receives a 5% discount on membership dues. Two-thirds of all board certified and board eligible physicians at your hospital/group must be members.

For these group memberships, we will invoice the group directly. If you are interested in learning more about the benefits of belonging to an AAEM ED group, please visit us at www.aaem.org or contact our office at info@aaem.org or (800) 884-2236.

For a complete listing of 2016 100% ED Group members, go to www.aaem.org/membership/aaem-ed-group-membership.