Why "Common Sense"?
by George Schwartz, M.D., F.A.A.E.M., Secretary, American Academy of Emergency Medicine

When the then thirty-seven year old Thomas Paine arrived in America late in 1774, the newcomer from England saw with fresh eyes the promise of America. Within six months he began to argue that the issues for America were far more than simply the catalyst for anger i.e. taxation without representation.

He began to write from his perspective and insight about the larger issues which made true independence from England necessary for America to grow and prosper. The first pamphlet dealing wholly with this issue was published in January, 1776 (a little more than a year after he arrived in America).

The pamphlet "COMMON SENSE" was literally an overnight sensation and became the talk of the colonies, selling more than half a million copies within a few months. "COMMON SENSE" allowed the general public of the time to see and understand the broader issues and is widely believed to be the major writing to influence and pave the way for the Declaration of Independence which was signed six months later.

From the perspective of AAEM, our "COMMON SENSE" will bring to Emergency Physicians a broader understanding of the issues underlying the need for a new organization - a revolution in Emergency Medicine. It is not just the taxation without representation at ACEP. It is not just the exploitation of emergency physicians and Emergency Medicine sanctioned by the American College of Emergency Physicians. It is the broader failure of ACEP to address the concerns and desires of the majority of its membership and instead to embark upon a destructive short and long-term strategy. An organization no longer responsive to its members becomes a tyrant to them.

"COMMON SENSE" is the newsletter voice of the AAEM, the organization of the specialist in Emergency Medicine. We have formed because ACEP has failed to guard the quality of Emergency Medicine we offer to the public as well as to disregard the well-being and desires of its membership. "COMMON SENSE" will bring to Emergency Physicians the information and reasoning which can serve as the underpinning to the Declaration of Independence from ACEP (= tyranny).

"There comes a time when silence is betrayal."
Dr. Martin Luther King, Jr.

This is Your Newsletter!

This is the premiere issue of Common Sense, the periodic official newsletter of the American Academy of Emergency Medicine (AAEM). It's purpose is to further the goals of the Academy — democracy, quality care at a reasonable cost, universal emergency medical care and equitable work arrangements — by communication amongst members through articles, letters, responsible criticisms and appropriate praises. Humor will also have its place! Contributions are encouraged, be they letters, articles, nominations for awards, or humor.

The Academy has high standards regarding ethics, fairness and honesty and it is expected that all contributions meet these standards. Although the editor will make every attempt to maintain these standards, it is understood that the views expressed are those of the authors and do not necessarily represent those of the academy.

Other considerations suggested by supporters are a matching system for physicians and hospitals desiring democratic groups, a legal column and a legal referral system for those members who have exhausted all other measures to resolve their grievances. Other ideas you have would be gratefully considered.

Please be aware that enormous thought and deliberation as well as some frank disagreement tranpired amongst the governing members of the academy concerning the contents of this newsletter. The aforementioned journalistic standards being assumed, we realize we walk a fine line in exposing the outrageous state of affairs in Emergency Medicine while trying to maintain the confidence of the overwhelming majority of emergency physicians who are honest hard-working professionals. It is a difficult balance. Your comments would be appreciated!

Please send newsletter contributions and any comments to the address below. We will gladly print articles and withhold the submitter's name. However, for purposes of editing and responsible journalism, the editor must know the contributor's identity. Hope to hear from you soon!

COMMON SENSE
Drew E. Fenton, M.D., Editor
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Announcing the First Annual Meeting of the American Academy of Emergency Medicine in the city of Las Vegas in H.R.H.'s colony of Nevada at the Excalibur Hotel from Friday, April 29th at 12:00 pm through Sunday, May 1st at 2:00 pm in the Year of Our Lord 1994. Thine man or maid-servant should hotel provisions for Thee make by calling upon 1-800-937-7777 and asking for Contract XAAEM. Rooms are $69 per night. A paltry sum of ninety-nine King Georges are requested for meeting costs payable to AAEM, P.O. Box 1968, Santa Fe, NM 87504 (1-800-884-AAEM). A full program will be sent to registrants. 15 CME Category I credit hours have been applied for through Martin Luther King, Jr. - Drew University Medical Center whose directorship, in the tradition of its namesake, nobly and fearlessly offered to lead the quest for justice and equality.

Invited Speaker Hillary Rodham Clinton has notified the academy that a representative will be sent to the first annual meeting.

Important topics include: the special agenda of AAEM, critical issues in Emergency Medicine, Watching Goliath Fall, Emergency Medicine health care reform, social issues, and how AAEM can lead Emergency Medicine into the future. All physician speakers are diplomats of ABEM. The Whiskey Rebellion Hootenanny, a complimentary banquet will be served on Friday evening.

John McCabe, M.D., President of ACEP, is invited to debate the subject “Has ACEP Failed its Membership”?

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Emergency Medicine Joke of the Month.
Q: What did the ED contract holder say to his contracting physician when he gave him his pay check?
A: “Was it as good for you as it was for me?”

Heard a good one lately? Send it to our Beverly Hills address.

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Has ACEP failed its membership?

This cartoon commemorates Dr. John McCabe's refusal to debate the critical issues affecting the quality of Emergency Medicine and of the Emergency Care we provide the public. The most refers to the exploitation of Emergency Medicine and of Emergency Physicians by the very organization that is accepting (and in some cases indirectly demanding through intimidation by large contract management groups) their money as dues and as contributions. Dr. McCabe's refusal to debate accentuates the destructive strategy of ACEP. Because of its non-democratic nature such wrong-mindedness is virtually impossible to change.
As the American Academy of Emergency Medicine began to blossom we became aware that our situation correlated in large measure to that of Colonial America, so much so that we adopted an American Revolutionary theme. Our contentions were so similar that we recognized one could literally take the writings of Thomas Paine in his "Common Sense" pamphlets and change the names from those of the Revolutionary era to the modern day Emergency Medicine arena, and the centuries-old logic still applied.

The following, then, is an example thereof, including contemporary Emergency Medicine issues and studies. As Thomas Paine's COMMON SENSE is believed to have been the major writing leading to the imminent signing of the Declaration of Independence, we at the American Academy of Emergency Medicine believe that our infusion of COMMON SENSE will pave the way for quality care, stability, and democracy in Emergency Medicine.

Introduction

Perhaps the sentiments contained in the following pages are not yet sufficiently fashionable to procure them general favor; a long habit of not thinking a thing wrong gives it a superficial appearance of being right, and raises at first a formidable outcry in defense of custom. But the tumult soon subsides. Time makes more converts than reason.

As a long and violent abuse of power is generally the means of calling the right of it in question, and as the Board of The American College of Emergency Physicians has undertaken, by their deafening silence, to support the Contract Companies in what they call theirs, and as the good Emergency Physicians of this country are grievously oppressed by the combination, they have an undoubted privilege to inquire into the pretensions of both and equally to reject the usurpation of either.

The cause of individual Emergency Physicians is in a great measure the cause for all Emergency Physicians. Many circumstances have and will arise which are not local but universal, and through which the principles of all lovers of mankind are affected and in the event of which their affections are interested. The laying a specialty desolate with profits and ledgers, declaring war against the natural rights of all Emergency Physicians, and extirpating the defenders thereof from the face of Emergency Departments is the concern of every Emergency Physician to whom nature has given the power of feeling, of which class, regardless of party censure, is the author.

Of the Origin and Design of the ACEP Board in General.

With Concise Remarks on ACEP Bylaws.

Organization in every specialty is a blessing, but government even in its best state is but a necessary evil, in its worst state an intolerable one; for when we suffer or are exposed to the same miseries by a government which we might expect in a specialty without government, our calamity is heightened by reflecting that we furnish the means, by payment of our hard-earned annual "dues," by which we suffer.

I know it is difficult to get over local or long-standing prejudices; yet if we will suffer ourselves to examine the component parts of the ACEP Bylaws, we shall find them to be the base remains of ancient tyrannies.

Firstly, the remains of monarchical tyranny in the person of the non-democratically selected President.

ACEP Bylaws allow a subcommittee to pre-approve individuals to run for the Board of Directors. It is, then, the Board itself that determines the candidates and the President. The result has been that the majority of Presidents and Board Members of ACEP have been closely associated with Contract Companies or Sole Proprietorships.
Secondly, the remains of aristocratically tyranny in the persons of the peers.

The argument was made at the 1993 ACEP Scientific Assembly that a limited selection pool of Board candidates is good, as these individuals represent many years of experience in the government of ACEP. What they fail to comprehend is that a Board made up of the same individuals year after year does not allow change and growth, and most importantly, an awareness of the views of the ACEP membership that they were "selected" to represent.

Of Monarchy and Hereditary Succession

Firstly, to the evil of monarchy we have added that of hereditary succession; and as the first is a degradation and lessening of ourselves, so the second, claimed as a matter of right, is an insult and an imposition on posterity. For all Emergency Physicians being originally equals, no one by birth could have a right to set himself or herself in perpetual preference to all others forever.

Yet, that is exactly what has happened. The same individuals, year after year, succeed in retaining their positions on the ACEP Board, insuring that the views of the membership, and the federal lobbying efforts of ACEP, are controlled by a small body of usurpers, whose personal interests have in many instances interfered with the good of its membership. Only through truly democratic elections will the powers that be, be removed from their seats of corruption.

Secondly, it is not so much the absurdity as the evil of hereditary succession which concerns Emergency physicians. Did it insure a race of good and wise men, it would have the seal of divine authority, but as it opens a door to the foolish, the wicked, and the improper, it has in it the nature of oppression. Men who look upon themselves born to reign and others to obey soon grow insolent. Selected from the rest of Emergency Physicians, their minds are early poisoned by importance; and the world they act in differs so materially from the world at large that they have but little opportunity of knowing its true interests and, when they succeed to the government, are frequently the most ignorant and unfit of any throughout the dominions.

It is time the voices of the new generation of Emergency Physicians to be heard!

Thoughts on the Present State of ACEP Board Affairs

In the following I offer nothing more than simple facts, plain arguments, and common sense; and have no other preliminaries to settle with the reader than that he will divest himself of prejudice and prepossession, and suffer his reason and his feelings to determine for themselves; that he will put on, or rather that he will not put off, the true character of a man, and generously enlarge his views beyond the present day.

Much has been written on the struggle between the American Academy of Emergency Medicine and the American College of Emergency Physicians and Contract Companies. Men of all ranks have embarked in the controversy, from different motives and with various designs; but all have been ineffectual, and the period of debate is closed. Resignation, as the last resource decides the contest; the appeal was to the choice of Contract Companies or the needs and rights of individual Emergency Physicians and the growth of the specialty of Emergency Medicine, but only the American Academy of Emergency Medicine has accepted the challenge.

As much has been said of the advantages of reconciliation between the ACEP Board, Contract Companies, and AAEM, which, like an agreeable dream, has passed away and left us as we were, it is but right that we should examine the contrary side of the argument and inquire into some of the many material injuries which Emergency Physicians have sustained, and always will sustain, by being connected with and dependent on the ACEP Board and Contract Companies. To examine that connection and dependence on the principles of nature and common sense, to see what we have to trust to, if separated, what we are to expect if dependent.

Firstly, I have heard that Emergency Physicians have flourished under the direction of the Board of the American College of Emergency Physicians; the same connection is necessary toward future happiness and will always have the same effect. Nothing can be more fallacious than this kind of argument.

The ACEP Board, by their silence, has supported the growth of Contract Companies. They in turn, have not supported the growth of trained Emergency Physicians or quality Emergency Medicine. Witness Coastal's recent national advertisement which solicits ANY physician, no matter what specialty he or she is currently practicing, to become an EMERGENCY PHYSICIAN.

The ACEP Board has supported the growth of Contract Companies which allow stockholders to invest in Emergency Physicians seeing and treating patients. We are the only specialty that encourages company intervention. Remember companies are doing this to make a profit. It is in their best interest to bill patients the most and pay physicians the least, to the detriment of the growth and respect of our specialty!

The ACEP Board has supported Contract Companies that include in their contracts unethical clauses which wrongfully exclude Emergency Physicians from the normal channels of peer review forcing them to practice migrant Emergency Medicine!

The ACEP Board has supported Contract Companies which buy and sell emergency department contracts (and physicians) and do not allow any physician input into the merits and acceptability of the sale.
Secondly, that the ACEP Board has protected us, say some. That the ACEP Board has engrossed us is true, and defended the specialty at our expense is admitted; but the ACEP Board has also supported and defended Contract Companies for ulterior motives, viz., for the sake of growth of its membership as many Contract Companies make membership in ACEP a requirement and such support disallows dissenion of Contract Companies' actions!

At the 1993 ACEP Scientific Assembly discussion of resolutions concerning Contract Companies was disallowed!

The ACEP Board refused to allow its membership list to be used for an opinion survey regarding Contract Companies.

At the 1993 ACEP Scientific Assembly discussion was disallowed on a resolution concerning exploitation of Emergency Physicians (this resolution was developed from the current Bylaws of the American Society of Anesthesiologists).

Most recently the President of ACEP refused an open forum debate of the problems with Contract Companies' involvement in Emergency Medicine and quality of care issues.

On March 15, the President of ACEP, Dr. John McCabe suggested that democracy does exist in ACEP in that physicians are free to join or not to join by choosing whether or not to pay their dues.

The authority of the Board of ACEP and Contract Companies over the ABEM Certified physicians must sooner or later end. Of the 17,000 members of ACEP, only 7,000 are Board Certified Fellows. Now is the time for the 13,000 ABEM Certified Emergency Physicians to unite to form an order based on quality, democracy, equality, and veracity.

Though I would carefully avoid giving unnecessary offense, yet I am inclined to believe that all those who espouse the doctrine of reconciliation may be included with the following descriptions: interested men, who are not to be trusted, weak men who cannot see, prejudiced men who will not see, and a certain set of moderate men who think better of the ACEP Board than it deserves; and this last class, by an ill-judged deliberation, will be the cause of more calamities to this specialty than all the other three.

Of the Present Ability of the American Academy of Emergency Medicine, With Some Miscellaneous Reflections

Recently the vast majority of Emergency Physicians, have confessed their opinion that a separation between Emergency Physicians and Contract Companies would take place at one time or another. And there is no instance in which we have shown less judgment than in endeavoring to describe what we call the ripeness of the Emergency Physician for independence.

As all Emergency Physicians allow the measure and vary only in their opinion of the time, let us, in order to remove mistakes, take a general survey of things and endeavor, if possible, to find out the very time. But we need not go far; the inquiry ceases at once, for the time has found us. The general concurrence, the glorious union of all things prove the fact.

It is not in numbers but in unity that our great strength lies; yet our present numbers are sufficient to repel the force of all the Contract Companies. We currently have the largest body of trained and disciplined physicians of any power under heaven, and is just arrived at that pitch of strength in which no single group of Emergency Physicians believing in democracy can support him or herself, but the whole, when united, can accomplish the matter, and either more or less than this might be fatal in its effects.

Firstly, it is time to abandon the Board of ACEP.

87% of Emergency Physicians believe that ACEP policy should be changed to allow candidates to run from the membership at large with a ONE PERSON/ONE VOTE system enacted. Yet, this will never happen, as the ACEP Board will never willingly give up their thrones or the Bylaws of ACEP which protect their lineage.

70% of Emergency Physicians believe ACEP most closely represents the interests of Contract Companies and Sole Proprietors. Since the ACEP Board has refused to confront this issue, no change in policy will occur.

48% of Emergency Physicians feel that an alternative organization to ACEP is needed to change present national Emergency Medicine policy toward Contract Companies.

Secondly, it is time to abandon Contract Companies and Sole Proprietorships that strangle Emergency Medicine.

91% of Emergency Physicians would prefer democratic groups. Only 4% want to work for Contract Companies.

94% of Emergency Physicians support national Emergency Medicine Reform which affirms that exploitation of any Emergency Physician by another Emergency Physician is unacceptable unethical behavior.

If Emergency Physicians do not act quickly, it may soon become impossible to stem the tide of Contract Company growth. Already three Contract Companies control more than 25% of the Emergency Departments. Because of outstanding profits, and venture capital generated on the stock exchange, they are growing at an alarming rate. The next generation of Emergency Physicians even now faces a difficult time finding
democracy within positions in our specialty. The alternative, found in the words of Dr. Steven Scott, CEO of Coastal, Inc. describes the policy of our potentially future King, "I catch the fish and throw them in the back of the boat, then my operating guys decide whether to fillet them or throw them back."

Thirdly, it is time to take the moral high ground and affirm the stance of the American Academy of Emergency Medicine.

- Providing high quality Emergency Care.
- Holding democratic and open elections.
- Opposing exploitation by Contract Companies and Sole Proprietorships, including:
  - Non-compete clauses (turning Emergency Physicians into migrant workers)
  - Peer review exclusion clauses (allowing unfair firing of Emergency Physicians)
  - Sale of Emergency Department Contracts (wasting community funds)
  - Excessive Management Fees (encouraging unqualified physicians to practice our specialty)
- Encouraging specialty training and ABEM Certification in Emergency Medicine.
- Promoting a broad view of Health Care Reform and the need for cost-containing and productivity enhancement.
- Supporting equitable contracts, anti-profiteering legislation, and the overall well-being of Emergency Physicians.

Conclusions

However strange it may appear or however unwilling Emergency Physicians may think matters not, but many strong and striking reasons may be given to show that nothing can settle our affairs so expeditiously as an open and determined declaration for independence from the ACEP Board and Contract Companies.

**Firstly.** It is the custom of organizations, when any two are at war, for other powers, not engaged in the quarrel, to step in as mediators and bring about the preliminaries of a peace. But while the ACEP Board is the subject of the Contract Companies, no power, however well disposed, can offer mediation. Wherefore, in our present state, we may quarrel on forever.

**Secondly.** It is unreasonable to suppose that other organizations, such as the AMA, will give AAEM any kind of assistance if we mean only to make use of that assistance to repair our breach with ACEP and fail in strengthening our purpose in becoming a specialty society that offers to provide the same level of quality offered by board certified members in the other specialties.

**Thirdly.** While we profess ourselves to be the subjects of the ACEP Board, we must, in the eye of other specialties, be considered as rebels. The precedent is dangerous to their peace for men to be in direct confrontation under the name of the parent organization; we, on the spot, can solve the paradox, but to unite resistance and subjection requires a clear separation.

**Fourthly.** Were a manifesto to be published and dispatched to other specialties, setting fourth the miseries we have endured and the peaceable methods which we have ineffectually used for redress; declaring at the same time that, not being able any longer to live happily or safely under the cruel disposition of the ACEP Board, we had been driven to the necessity of breaking off all connections; at the same time assuring all such specialties of our peaceable disposition toward them and of our desire of entering into associations with them — such a memorial would produce more good effects to the American Academy of Emergency Medicine than if a ship were freighted with petitions to the Board of ACEP.

These proceedings may at first appear strange and difficult, but like all other steps which we have already passed over will in a little time become familiar and agreeable; and until an independence is declared, the American Academy of Emergency Medicine will feel itself like a man who continues putting off some unpleasant business from day to day, yet knows it must be done, hates to set about it, wishes it over, and is continually haunted with the thoughts of its necessity.

**Thomas Paine (Scott A. Plantz, M.D.)**

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N.B.: Statistics - 14,362 AMA LIST OF EMERGENCY PHYSICIANS, 1000 RANDOMIZED, 337 RESPONDENTS. AVERAGE YEARS OF PRACTICE 9.5. ACEP MEMBERS 72%. TRAINING - PRACTICE TRAINED 55%, EM RESIDENCY 45%. EMPLOYMENT - HOSPITAL 25%, DEMOCRATIC GROUP 32%, AND MEGA-GROUP/SINGLE PROPRIETOR 43%.
Periodic awards will be given to the person on institution impacting significantly, either positively or negatively, the goals of the academy i.e. quality care, democracy, cost-containment, and equitable professional arrangements. While we are loathe to be so critical, we feel that only by exposing the acts of the wrong-doers and the institutions which stand by passively contributing to the destruction of our noble specialty can we correct the damages inflicted which one court described as “unconscionable.” We are optimistic that one day soon we will have only praises.

Common Sense dictates that the premiere award goes to Coastal, Inc. and St. Anne’s Hospital of Fall River, MA. After being begged by Coastal to provide services at any reasonable fee, an emergency physician of impeccable standing double-boarded in both Emergency Medicine and Internal Medicine was welcomed on staff at St. Anne’s. After months of delivering excellent emergency care the doctor faced, without incident, the challenge of working through a hurricane, only to be awakened one morning thereafter by a Coastal employee on the phone who briefly identified herself, said “Don’t go to work tomorrow,” and without further explanation or parting salutation hung up!

Quote of the Month

“Acquiring [doctor’s groups] is like going fishing. I catch the fish and throw them in the back of the boat, then my operating guys decide whether to fillet them or throw them back.” Coastal Chairman Dr. Steven Scott, Forbes Magazine, Oct. 25, 1993.

Anyone feeling “filleted” out there? Please write us.

An Invitation to Participate in the American Academy of Emergency Medicine

Full Voting Member: $195.00
(Board-certified in Emergency Medicine or Pediatric Emergency Medicine)
Resident or Fellow: $50.00
Associate Member: $100.00
(Nonvoting status: physicians, hospital administrators, nurses, health policy planners, etc.)
Lifetime Member: $2,500.00

Send check to:
American Academy of Emergency Medicine
P.O. Box 1968
Santa Fe, NM 87504
1-800-884-AAEM (2236)

The American Academy of Emergency Medicine is a non-profit professional organization.

Our Mailing List is Private

ACADEMY AWARDS

After repeated inquiries to Coastal and St. Anne’s Hospital, at first by the practitioner and later by legal counsel, were rebuffed, the legal waltz began with Coastal refusing to be deposed.

When the inevitable deposition occurred, legal documents quote the following from a Coastal employee when asked why the doctor was in effect denied emergency department privileges and a source of income:

“The client hospital sent a letter to me requesting that [the emergency physician] not be scheduled at St. Anne’s any longer after the date of that letter. And the way her contract is written says that if I get such a letter then her contract is terminated.”

Shortly after firing the emergency physician Coastal, in its infinite wisdom, hired an OB-GYN doctor to work in St. Anne’s emergency department, a doctor who had recently caused National Emergency Services a multi-million dollar settlement for intubating the esophagus of the teenage son of an emergency department nurse.

Now, those of you who have not yet experienced this commonplace debauchery of law and bylaw, pick yourselves up off the floor and dust yourselves off for the happy ending: a state court declared the contract unconscionable and in clear violation of the doctor’s due process.

AAEM POLICY REGARDING FELLOWSHIP STATUS AND USE OF THE INITIALS FAAEM

Fellowship status in a specialty organization is bestowed upon those colleagues who have demonstrated through their actions special devotion to their patients, to their community and to the medical specialty.

The officers of the American Academy of Emergency Medicine (AAEM) have determined that those physicians who are board-certified in Emergency Medicine and become Founding Members are granted immediate fellowship status. Residents and other board-prepared physicians joining during the “founding” period will be granted fellowship status immediately upon ABEM board-certification.

The willingness to put one’s honor on the line and to take a firm stand in favor of quality medical care for the public and against exploitation in Emergency Medicine is deemed worthy of the fellowship honor.

The action granting immediate fellowship status to the board-certified Founding Members of AAEM is taken after serious thought. The officers of the American Academy of Emergency Medicine recognize that becoming a Founding Member of our organization is a bold action and one that is not without risk.

After the “founding” period has expired, board-certified members of AAEM will be able to achieve fellowship status through criteria which will include length of membership, service to the community and to the organization.
A Public Resignation

On a balmy day in late September I received my annual "MEMBERSHIP STATEMENT" from ACEP. In reviewing the quasi-tax-deductible document, I first beamed with pride seeing the "AMOUNT BILLED" for being a fellow, an honor bestowed upon me last year for doing what I assumed any doctor would do — become competent in his specialty, join hospital committees, be proactive in local events, and have a commitment to health care in his community. And the "F" of my F.A.C.E.P. had cost only one hundred additional dollars.

Now the "AMOUNT BILLED" for fellowship renewal was only $435 and the California Chapter "DUES" only $185, which I considered a bargain when compared to the $500 I spent to meet U.S. Senator Barbara Boxer, and to my surprise the ACEP California Chapter President and President-elect at a fund-raiser last summer (Please don't tell Barbara, but I'm a closeted Republican!) Then there were the other "DONATIONS" (how generous they are with our money!).

While in the midst of writing my check for $745 Janet Jackson ironically came on my stereo singing "What have you done for me lately?" The song somehow prompted a vertiginous blur of memories of contract holders in expensive Italian suits and totally Gucci shoes lobbying legislators for their personal gain. (Thank God Hillary chose not to attend the ACEP convention!)

Words of the Phoenix rang in my ears — that it's hard for "us" to give up letters after our names (after all M.D. and D.O. cost 4 years and untold dollars.) And the "F" of F.A.C.E.P. was only a one time payment of $100 and included an additional four letters free (that's ten years worth of letters!) What else would I get for my $745 other than the Annals (available directly from the publisher for $65) and a "discount" at the ACEP convention? The only answer I could come up with after sitting through the ACEP Council meeting in Chicago was that I got a very expensive, swift kick in the rear!

As I considered how many members of the "GROUP MANAGEMENT" section of ACEP would gladly do the above free of charge, sanity prevailed and I tore up the check.

ACEP, please accept my resignation from fellowship in your college. I'll gladly rejoin when I have a vote and can discuss issues important to me.

Sincerely,

Drew E. Fenton, M.D., F.A.A.E.M.
Editor, "COMMON SENSE"

Then it's settled. Members of the American Academy of Emergency Medicine go to Heaven. Exploitative contract management companies go to Hell. And the Board of the American College of Emergency Physicians goes to purgatory.