

Crossed Swords

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Are AAEM and ACEP crossing swords? Are they opposing organizations with conflicting goals, destined to fight it out in the halls of emergency medicine? I think it is a reasonable question to look at again. Much has changed in the world of emergency medicine in the past twenty years. Emergency medicine is the new sought out specialty, and its residencies fill completely during match season. Medical students are drawn to

the lifestyle of emergency medicine. The appeal of little or no responsibility for the business end of practice is drawing many young doctors. A large percentage of emergency physicians now work for corporate management groups and have no direct control of their practice. And it isn't just emergency medicine. The house of medicine recently turned a corner. A majority of physicians now don't own their own practice.

How did we get to this point and what is the role of organized medicine regarding this historic change in our profession? What did ACEP do while hundreds of independent emergency medicine groups were disappearing across the country? Is this strictly a private business matter that should not concern the nation's largest organization of emergency physicians? Did ACEP support the growth of large contract management groups (CMGs) and their control of a high percentage of emergency department contracts? How many ACEP presidents, vice-presidents, and other leaders have been senior managers — or even founders or owners — of CMGs? In many ways I think it is time to move on from the past, but I do not think we should forget the past. We do not own the sins of our fathers, but we must not allow ourselves to repeat them. Young emergency physicians deserve a bright future. Those who fight their way through organic chemistry, gross anatomy, third year rotations, internship and residency should be rewarded, not betrayed.

What does the future hold? I am now well into my career and feel an obligation to the next generation of emergency physicians. Remember the oath most of us took which states, in part:

To hold my teacher in this art equal to my own parents; to make him partner in my livelihood; when he is in need of money to share mine with him; to consider his family as my own brothers, and to teach them this art, if they want to learn it, without fee or indenture; to impart precept, oral instruction, and all other instruction to my own sons, the sons of my teacher, and to indentured pupils who have taken the physician's oath, but to nobody else.

What does this oath and our own sense of moral direction mean in relationship to organized medicine? I think it is fair to ask what type of moral and ethical leadership our specialty societies should display to young emergency physicians.

There is no perfect organization. However, our specialty societies should support and protect their members and the medical profession. Two divergent approaches seem to have been taken by ACEP and AAEM. ACEP has focused more on the overall status of the specialty, while AAEM has also focused on the well-being of the individual clinician. Emergency medicine could certainly use more than one organization looking out for the specialty on a macro level. It needs representation in Washington, D.C. and state capitols, protecting the specialty in relation to regulatory and reimbursement issues. And ACEP has tried to help establish treatment and quality protocols and standards which, whatever you might think of them, are here to stay. It is certainly better for emergency physicians to be

involved in all aspects of the political, regulatory, and administrative components of our practice. However, we need to be careful about who benefits from our advocacy? Community and academic emergency physicians need to know that what is being done at the organizational level is to benefit them, rather than a corporation's management and shareholders.

In regards to the future of our specialty, it is up to us to protect our young. We need to be cautious and

protect our residents, particularly when they should feel safest — interacting with our professional organizations. Do we really want our residents to be that guy in the job ad, carrying the surfboard and essentially being told, "Don't worry your pretty little head about all that business stuff — we'll take care of it?" Those same residents won't know how much money is being billed or collected in their names or how much the CMG is taking off of the top to distribute to management and shareholders.

"Who bought that shrimp?" I have heard this symbolic question several times in the house of emergency medicine. Do we want our residents wined and dined by corporate management groups while at a national meeting? Should we designate "heroes" of our specialty with the effort sponsored by CMGs? We need to consider the oath we took and how our actions and those of our professional medical organizations look to an unbiased observer. Should a corporate management group really have such a prominent role in relation to our residents? This is a quote from Dr. Donald Stader, co-chair of the Legacy Initiative and past-president of the EMRA board of directors, which bothers me. Does it bother you?



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TeamHealth has been a loyal supporter of EMRA for many years, and its generous contribution to the Legacy Initiative is yet another example of its farsightedness and dedication to emergency medicine. We are enormously proud of this enduring partnership, and are grateful for TeamHealth's confidence in our organization and commitment to preserving the provocative history of our field.¹

Does AAEM need to replicate everything that ACEP does? No. ACEP currently has a significant advantage in size and money. ACEP plays many important and valuable roles in the specialty. Would the house of emergency medicine be better served by a single organization? No, again. Competition in any environment is good. Has a second group in a particular specialty ever come to your hospital, ending another group's monopoly in that field? Did the original group become more responsive and cooperative? More respectful and polite? In my eyes, one of AAEM's major accomplishments over the past twenty years has been to make ACEP a better organization. ACEP's stance on board certification, for example, has positively evolved due to AAEM's persistent and dogged insistence on the importance of ABEM/AOBEM-certified emergency physicians. Would ACEP's current positions on key issues be the same if Bob McNamara and other leaders of AAEM had not consistently pointed out the contrasting values and behavior of ACEP and AAEM?

I do hope that our two organizations can work together towards shared goals when possible, for the improvement of the specialty of emergency medicine. I met with Dr. Paul Kivela, ACEP's incoming president this year at the AAEM Scientific Assembly in Orlando. We broke bread together and had an engaging conversation. I think he is an intelligent and insightful man, and I hope our two organizations will make progress in improving our specialty and guiding the next generation of emergency physicians into bright and successful careers.

1. <http://www.247365doc.com/media/-teamhealth-donates-75000-to-support-emras-legacy-initiative-documentary-project>

Addendum

I wrote the above article weeks ago before the recent ACEP election. The results of this election have caused me personal angst and I feel the need to express my personal opinion related to this issue. I do not know anything about Dr. John Rogers. I have never met or spoken to him. I'm sure he's a fine man, has been a dedicated ACEP member, and has volunteered countless hours to the college.

My distress comes from being told that Dr. Rogers is not, nor has he ever been board-certified in emergency medicine. I understand he trained as a surgeon. Hopefully, this information is incorrect. It will be astonishing to me that the largest emergency medicine special society elected as their 2019 president a physician who is not even an emergency physician. What is the message this presents to the thousands of young physicians who are currently toiling through a difficult emergency medicine residency? Is ACEP stating that board-certification is not required? I have heard that Dr. Rogers has "paid his dues" and "it was owed to him." Those sentiments may seem reasonable to some people but sadly to me it is a slap in the face and a betrayal of the dedicated work which thousands of board-certified emergency physicians have done in the past 30 years to make emergency medicine a respected member of the house of medicine. Are we really back to the days when any physician who just works in the ER is identified as an emergency physician?

I can hope for one of two things. First, maybe the information I was given is incorrect and Dr. Rogers is board-certified in emergency medicine by ABEM or ABOEM. If he is not then I pray that the ACEP counselors who voted for him did not know this information. Otherwise, what value do they place in the FACEP designation which stands proudly behind Dr. Rogers and their own names? ■



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