

Go International

Scott G. Weiner, MD MPH FAAEM
Chair, AAEM International Committee

I'm writing this on the plane home from a wonderful conference in Valencia, Spain. It was a conference for reflection, particularly about the role of AAEM and other organizations internationally (spurred by a fantastic meeting discussing collaboration between SAEM and EuSEM, with leadership from AAEM and ACEP also present). It also occurred to me that many of the members of AAEM might wonder why AAEM should even be involved in the international arena. After all, one of the founding tenants of the organization is the protection of the individual practicing emergency physician in the U.S. (it is the "American" Academy). So why should our organization care how EM progresses around the globe?

The answer is compelling and complicated. Imagine that EM is a child, developing from birth to adulthood. Thanks to the founding members of the specialty, it was raised from birth to baby steps. The next generation brought about specialty recognition and establishment of residency training programs. All the while, its research activities progressed, giving it more academic respect. And now, EM finds itself in college. It knows a lot and is gaining a lot of experience, but it is still struggling with its identity (evident through ongoing turf battles with specialties like anesthesiology and critical care, and particularly through the lack of primary specialty recognition in multiple countries). EM is doing well but is not yet ready to graduate.

Has anybody you've known ever done a year abroad in college? In most cases, at this key stage of development of one's identity, removing the individual from a comfortable environment and forcing him or her to adapt to a new culture is perhaps the strongest builder of character and identity possible. That is what happened to me when I went abroad as a naive 20-year-old, and I still maintain that it is the year that helped most solidify my identity. Others have had similar growing experiences in the military, Peace Corps or other such activities.

Sending EM abroad is similar. Outside of its environment in the U.S., all of the rules of politics, reimbursement issues, issues of physician exploitation and quests for ideals, such as due process, change. And when the rules change, new enlightenments and developments can be kindled. We can examine how EM functions in a single-payer system without the need for speculation. We can see how EM would be different in a different malpractice environment. We can see how EM changes with pandemic infections (such as observing the behaviors of H1N1 influenza in the southern hemisphere before it comes to the U.S.) or learning from those who experienced disasters that did not occur in the U.S., but could. There is also room for innovation that may not be possible initially in our system but could happen when EM is allowed to develop outside of our home environment.

On yet another level, just as AAEM has championed protection of the individual practicing EP in the U.S., and arguably forced other EM organizations to change their ways as well, it can also effect change internationally, thereby increasing the scope and strength of the organization. We can use our experience to help develop EM in other countries, creating allies and promoting global standardization and improvement of care for patients with emergencies worldwide.

And finally, development of the specialty internationally is important to us domestically. With more emergency physicians, more research will occur internationally. Our journals will expand, the quality of our specialty's research will grow, and we'll learn more about how to better care for our patients in the U.S. by evaluating quality studies from abroad. It is truly a win-win situation.

It was mentioned several times at the Valencia meeting that Americans are fond of referring to "emergency medicine" as different than "international emergency medicine." However, this does not exist in other established specialties. We do not differentiate "cardiology" from "international cardiology," for example. Once we get past that hurdle and EM becomes truly global, our specialty can graduate, and we will all benefit.

If you have never been to an international conference, I hope you'll consider it in the future. It is always surprising to see how many great ideas come up that make one say, "Now why didn't I think of that?" They are the ideas that are allowed to grow outside the restraints of our environment, yet we can make them fit in our system as well. The next Mediterranean Emergency Medicine Congress will be in Kos, Greece, in 2011. It will be an incredible opportunity to see how EM is practiced and innovated elsewhere, and I hope you'll join us, especially if you've never been to an EM conference abroad before.