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THE NEWSLETTER OF THE AMERICAN ACADEMY OF EMERGENCY MEDICINE



PRESIDENT'S MESSAGE

Our Role in Organized Medicine

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While AAEM advocates vigorously for individual emergency physicians and our patients, some issues affect all physicians and require the concerted action of physicians from all specialties. Some obvious current examples include the various health care reform proposals under debate in Congress, the continued use of Medicare's sustainable growth rate (SGR) formula for physician reimbursement, and the consequences of our aberrant tort system. Existing in isolation, no specialty society can resolve these issues. Only through coordinated efforts of all of organized medicine may we even attempt to participate in the resolution of problems facing the entire medical profession and our patients.

The American Medical Association (AMA), though experiencing a steadily declining membership, still forms the largest association of physicians and attempts to advocate for all physicians in the United States. The AMA plays a central advocacy role in most of the important issues of general relevance to physicians. Even though the AMA recently lowered the threshold for specialty societies to enter their House of Delegates (HOD), AAEM still does not qualify for a seat because too few of our members belong to the AMA.

Over the past several years, I spoke with many of our members about the AMA. Some members told me they quit the AMA because they disagreed with the AMA's position on specific issues. Quite a few of our members told me the AMA was too reactionary, while others complained the AMA was too progressive. Regardless of our individual views on specific issues, we must all recognize the primacy of the AMA in representing our profession. If you do not like the way the AMA represents your profession, then you should become more involved in the AMA and its component societies. If you do not currently belong to the AMA, your disagreement with any of their stated positions should compel you to join the AMA. Why allow others to represent your profession, and why not express your opinions to your county and state medical societies as well as the AMA?

Indeed, I became far more involved in my county and state medical societies when I became dissatisfied with

the performance of my state medical society. I served each year as a delegate to the state house of delegates, presented many resolutions in support of individual practice rights, and openly expressed my opinions in a highly democratic forum. During this process, I worked closely with physicians from a number of other specialties who I came to admire and respect. When issues of importance to emergency medicine arose, many physicians from other specialties supported us because we supported them in their times of need. Through my involvement in my county and state medical societies, I became increasingly involved in AMA activities, especially the annual visits each March to Capitol Hill.

Some of our members also belong to the National Medical Association (NMA), thereby maintaining their link with general organized medicine. Initially founded to represent minority physicians, the NMA warmly welcomes all physicians and consistently represents progressive interests of physicians and patients. The NMA has a large and dynamic emergency medicine section which maintains a prominent position in the NMA. Our members who maintain their membership in the NMA also serve as a vital link between AAEM and general organized medicine. The NMA consistently recognizes the importance of AAEM by inviting the AAEM president to deliver an address at its annual meeting.

However, emergency physicians still have a relative lack of involvement in organized medicine. We must end this lack of involvement. By remaining on the sidelines, we cannot hope to generate much support for the issues that primarily impact emergency medicine. Without having a seat on the AMA's HOD, how can we possibly gather support from other physicians regarding the issues that threaten emergency medicine? Even though AAEM lacks a formal presence in the HOD, the AMA Litigation Center lent a sympathetic ear to our current corporate practice of medicine (CPOM) case and provided an amicus brief on our behalf through the Texas Medical Association.

Yes, the AMA has a consistent record of opposing the lay ownership of medical practices. The AMA strongly supports due process rights for physicians and generally

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Announcement: Formation of the African Federation for Emergency Medicine

“Supporting Emergency Care Across Africa”

Cape Town, South Africa, November 26, 2009

We are proud to announce the formation of the African Federation for Emergency Medicine (AFEM), dedicated to “Supporting Emergency Care Across Africa.” Lee Wallis, President of the Emergency Medicine Society for South Africa (EMSSA), organized several meetings on this and other topics during the 2nd EMSSA “EM in the Developing World” Conference, held from 24-26 November, 2009, at the Cape Town International Conference Centre. The AFEM will act as a formative “umbrella” organization for all the existing and future African National EM Societies. EMSSA is the largest national EM Society in Africa, but many more are in the early stages or are on the brink of formation, including Botswana, Ghana, Kenya, Ethiopia and others. AFEM is also proud to announce that they will accept as full members and/or member societies other health professionals and health professional societies, including EM nursing, EMT’s and paramedics, in recognition of the multi-lateral, multi-disciplinary, multi-professional nature of emergency medicine and acute care. The conference also saw the official formation of the Emergency Nursing Society of South Africa (ENSSA), as an equal-member subgroup of EMSSA, as a further reflection of our natural partnership with the specialty of emergency nursing. The current AFEM interim executive committee of nine elected persons will determine over the oncoming months the ultimate structure of AFEM; five initial committees (Identity, Governance, Membership, Terms of Reference and Services) were formed to assist in this most crucial phase.

The interim executive committee is:

Chair – Lee Wallis

Vice Chair – Conrad Buckle

Secretary – Charles Otieno

Officers – Petra Brysiewicz, Bob Corder, Heike Geduld, Steve Justus, Valerie Krym, Hein Lamprecht, Terry Mulligan, Sebastian Spencer

Also announced at the EMSSA conference during these same talks was the formation of the *African Journal of Emergency Medicine*, a peer-reviewed, indexed journal to be dedicated to clinical, academic and developmental aspects of emergency medicine in the many and varied nations of Africa and elsewhere in the developing world. While the exact details of this journal and the plans for its ultimate structure remain in the planning stages, we are proud to announce this new addition to the growing family of academic and scientific emergency medicine journals.

We welcome the advice and participation of our colleagues in emergency medicine, emergency nursing, pre-hospital emergency care and in all areas of acute care and emergency medicine to join with us and to assist us in the formation of this monumental organization, and we look forward to your active membership in the months and years to come.

For more information, or if you have questions/comments, please contact admin@afem.info or visit www.afem.info.

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opposes unfair restrictive covenants. The AMA has a long history of strongly supporting medical schools, as well as residency training and continuing medical education. Perhaps the AMA now has a more progressive position on a number of social issues including alcohol, drug and tobacco abuse, as well as tort reform, universal health care coverage, and the professional rights of women and minorities. Your national advocacy organization deserves your support. If you disagree, then you should join so that you may help represent your opinions in the “house of medicine.”

Our adversaries do not quibble over nuances, as 100% of all attorneys in almost every state belong to their state bar associations. The American Association for Justice, the newly renamed national plaintiff attorney organization, and their state component societies, far outspend medical societies in issues of importance to their membership. We must realize the obvious reasons why the plaintiff bar can lobby in a far more effective way, because most physicians remain uninvolved in organized medicine. We cannot afford the luxury of uninvolvedness.

The same issues that motivated you to join AAEM should also motivate you to either join or maintain your membership in the AMA. In the near future, you may see a routine question on our membership forms simply asking whether you belong to the AMA. If you belong, please designate AAEM as your specialty society. In that way, perhaps we will soon qualify for a seat on the AMA HOD and your concerns will be heard in a loud and clear manner before the entire house of medicine.

Member Opportunity

AAEM announces the reformation of its

Legal Committee



This committee will be directly involved with AAEM legal advocacy issues. Members with an interest in serving on this committee should send an email

with contact information to

info@aaem.org