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PRESIDENT'S MESSAGE

Howard Blumstein, MD FAAEM

Usually the "President's Message" contains a discussion of political events within the world of emergency medicine, or seeks to explain why some issue is important to our core mission or tries to fire up members to accomplish some goal. But much of my email traffic in the last few weeks has focused my attention on the activities of one of our committees. I would like to share its accomplishments with the rest of our membership.

The Clinical Practice Committee has been around in various incarnations for quite a while. I think the history I am about to relate is reasonably accurate. Its origins came as a taskforce appointed by a former president to address a specific, controversial issue. The committee was to review the literature, provide a brief overview and come up with a statement.

The big issue at the time was the use of tPA for strokes. The NINDS study had been published and some prominent physicians were making bold statements about its use. Others, however, urged caution and restraint, pointing out potential flaws in the single study that showed benefit, the small size of that benefit and the high risks. Some AAEM members told us they felt caught in the middle, trapped between arguing giants. Worse, they felt in legal jeopardy. They feared legal action if they decided not to give tPA. They also feared legal action if there was a bad outcome after giving it.

The resulting statement about tPA wasn't groundbreaking. If I recall correctly, it concluded that there was insufficient evidence to make a definitive statement about tPA and made the usual call for more study. But it did say this: tPA should not be considered the standard of care for the treatment of stroke. The reaction was immediate. Several prominent emergency physicians who were "experts" in neurological emergencies criticized the Academy. One informed the board of directors that we had set the field of EM back twenty years. But the response from the membership was more positive. Members told us that they appreciated the legal "cover" that the statement provided. They felt they were freer to make proper decisions about patient care without the spectre of plaintiff's attorneys hovering over them. We have heard from members and non-members who were able to use this statement to defend themselves in legal actions. That's the sort of positive feedback I love!

There have been a few other taskforces since then. Eventually, a standing committee was formed to continue the work of these taskforces, but it began to meet barriers.

Within medicine as a whole, guidelines were receiving more and more attention. Professional societies began pumping them out like crazy. Guidelines and critical pathways multiplied exponentially. Some were very high quality and represented the outcome of hard work and dedication. Others, well, not so much. Some became as much a political statement as medical document, with authors trying to argue some point (often self serving) under the guise of being a scientific document or expert consensus. Guidelines grew even longer, unwieldy and difficult for the working clinician to use. Guidelines from different sources made conflicting recommendations. Guidelines grew outdated yet weren't updated. Publishing requirements for guidelines, well intentioned and informed by the growing evidence based medicine movement, added to the complexity of the task.

About a year ago, AAEM decided to take a radical change of direction. Seeking to make our clinical statements more member-friendly, we asked the Clinical Practice Committee to change its focus away from broad topics. Instead, the committee was asked to look at focused topics. It was asked to make brief and easily understood statements and to address topics that members might find confusing or controversial. In short, the committee was charged with helping AAEM become a "go to" source of clinical information for the working emergency doc.

The result is now ready. By the time this issue of *Common Sense* is published, the AAEM website should feature several Clinical Practice Guidelines and Statements about a variety of issues (I am looking at the prototype as I write this).

Steve Rosenbaum and his committee have done a great job in developing these statements. They will include key references for those who wish to learn more about a given topic. I am looking forward to hearing feedback from our members about these guidelines as well as suggestions for future topics.

I am excited to be able to offer this service to our members and our colleagues in EM. As we grow, I look forward to making AAEM an ever more valuable clinical resource for the world of emergency medicine.

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