



PRESIDENT'S MESSAGE

by A. Antoine Kazzi, MD FAEM

THE ULTIMATE MEASURE

“The ultimate measure of a man is not where he stands in moments of comfort and convenience, but where he stands at times of challenge and controversy.” Martin Luther King, Jr.

On behalf of AAEM and its state chapters, I wish to express our sorrow, support and sympathy to all the emergency physicians and communities who were affected by the destruction in the Gulf coast states. We were so proud and pleased to see how many emergency physicians came to the aid of their colleagues after Hurricanes Katrina and Rita. I had the privilege of reviewing every offer and request for assistance. I saw physicians step in to offer jobs and homes to displaced AAEM members and others donate money to local funds to support affected residents and colleagues. In addition, many members volunteered their medical services in these states.

However, the most impressive bravery that we all witnessed was that of the Louisiana, Mississippi, South Carolina, Alabama and Texas emergency physicians, residents, nurses, paramedics and medical students who chose to stay behind and those who stepped in – risking life and well-being – to take care of the affected patients and communities! The stories of heroism and bravery are many... Some staffed the Charity ED and hospital; others started field hospitals. Considering that our AAEM Louisiana state chapter is relatively the largest we have and that over 25 percent of the emergency physicians in Louisiana are AAEM members, we wish to pause and say it loud and clear to all physicians in affected states: we are so proud of you!

Martin Luther King Jr. also said, **“If life is to be complete it must include not only the dimension of length but also of breadth, by which the individual concerns himself in the welfare of others.** No man has learned to live until he can rise above the narrow confines of his individualistic concerns to the broader concerns of all humanity.”

AAEM wishes to thank all of you who have helped in your own ways responding to the destruction caused by Katrina and Rita -

whether you worked in the medical facilities and field hospitals immediately following the tragedies, or you have volunteered in the aftermath of the hurricanes or you provided financial support.

I wish to extend these words of genuine appreciation and gratitude to all emergency physicians and societies across the world who stepped in to help or expressed their support. Those include our brothers and sisters in ACEP, NAEMSP, SAEM, CORD, ACOEP, AACEM, the Emergency Nurses Association, the European Society of EM, and all other international organizations. The brave women and men who took a stand and helped out during these disasters did it united and worked together to do what is best for their patients and communities. Moments of unity amidst hardship are indeed most inspiring...

In Nice, during the first week of September 2005, the Presidents and Officers of many of these societies stood together and worked together to celebrate the specialty we all cherish during the Third Mediterranean Emergency Medicine Congress. ACEP President Bob Suter, SAEM President Glen Hamilton, EuSEM President David Williams, CORD President Pamela Dyne, NAEMSP President Robert O'Connor and so many others were already there when Katrina hit. It struck deep and affected the lives, homes and families of members of the AAEM Board of Directors, state chapter leaders, and conference speakers. Many of them stayed in their cities and communities while others simply interrupted their trip and returned home to help where they were needed. Sympathy and words of unity were expressed and added to the importance of the historical scientific congress that AAEM and EuSEM had organized in collaboration with more than 50 national and international societies.

These demonstrations of unity continue. While we continue to serve our AAEM vision and mission statements and to advocate for what we believe emergency medicine should be like, we have become united with others when we needed to be and were able to do so. AAEM members, directors and officers showed up in Washington DC, rallying side-by-side with the ACEP members to show support for the landmark ACEP legislative initiative called for during its Annual Scientific Assembly. Thousands of emergency physicians rallied together and sent a clear united message to our legislature: Emergency Medicine needs to be better supported by our administration! Take note of us!

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when minutes count

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AAEM Mission Statement

The American Academy of Emergency Medicine (AAEM) is the specialty society of emergency medicine. AAEM is a democratic organization committed to the following principles:

1. Every individual should have unencumbered access to quality emergency care provided by a specialist in emergency medicine.
2. The practice of emergency medicine is best conducted by a specialist in emergency medicine.
3. A specialist in emergency medicine is a physician who has achieved, through personal dedication and sacrifice, certification by either the American Board of Emergency Medicine (ABEM) or the American Osteopathic Board of Emergency Medicine (AOBEM).
4. The personal and professional welfare of the individual specialist in emergency medicine is a primary concern to the AAEM.
5. The Academy supports fair and equitable practice environments necessary to allow the specialist in emergency medicine to deliver the highest quality of patient care. Such an environment includes provisions for due process and the absence of restrictive covenants.
6. The Academy supports residency programs and graduate medical education, which are essential to the continued enrichment of emergency medicine, and to ensure a high quality of care for the patient.
7. The Academy is committed to providing affordable high quality continuing medical education in emergency medicine for its members.

Membership Information

Fellow and Full Voting Member: \$345 (Must be ABEM or AOBEM certified in EM or Pediatric EM)
 Emeritus Member: \$250 (Must be 65 years old and a full voting member in good standing for 3 years)

* Associate membership is limited to graduates of an ACGME or AOA approved Emergency Medicine program.

* Associate Member: \$250 (Non-voting status)
 AAEM/RSA Member: \$50 (Non-voting status)
 Student Member: \$50 (Non-voting status)

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These shows of support and unity will continue; and bridges will be built when we can make our specialty stronger! Time will show how committed we all are to this pledge. However, the process has indeed started.

I will conclude with a third statement by Dr. Martin Luther King... **“Our lives begin to end the day we become silent about things that matter.”** This is one that has particular meaning to all of us who chose to join or lead the AAEM. It mirrors the spirit of the American Academy of Emergency Medicine.

AAEM will never be silent or silenced!

Yes, AAEM will continue to reach out to everyone. However, with character, transparency and integrity, AAEM will now work harder to demonstrate how it will always serve the needs and reflect the aspirations of our individual members. We will stand again and again against the Big Evils that have plagued American Medicine and US Emergency Medicine in particular: Greed and the lay corporatization of Emergency Medicine... Over the last 40 years, they struck Emergency Medicine and our healthcare system so deep that AAEM was developed by leaders who stepped forward to say, “This cannot go on! Not like this!”

And a simple review of our very visible activities indicate how committed we are to this AAEM vision and mission! The face-off is on-going and will continue! And we are becoming more effective at it!

Confrontations continue, most recently in Indiana, Rhode Island, Minnesota, California, Pennsylvania, the Delaware Valley, Maryland,

Florida and Texas. A number of them are very current and continue to develop on a day-to-day basis.

As I near the end of my term, I wish to take a moment to recognize the leadership of Dr. Robert McNamara in these difficult confrontations, assisted by the talented AAEM officers and directors – and in particular Drs. Joe Wood, Tom Scaletta, Larry Weiss, Mark Reiter and Howard Blumstein. I have had the privilege of working with them and witnessing first-hand what they do, how dedicated and talented they are and how well they do it...

However, to succeed, we do need your help. Now that our increased effectiveness has become nationally obvious, emergency physicians no longer feel powerless. They have been given hope and the AAEM promise! Yes, our promise: that AAEM will do all it can to stand by them!

AAEM is now receiving many weekly calls for help from members and non-members.

Help us make sure that your future has measures that protect you from the impact and danger of Greed in Corporate Healthcare and its impact on how you practice medicine, on your patients and on your own personal and family well-being. We need your support now more than ever before. *Please get involved in the Academy.* Join our committees. Support these actions with your talent; and most importantly, please *contribute critically needed funds by donating to the AAEM Foundation!* 🇺🇸

PRO-CON

by Howard Blumstein, MD FAAEM

Recent bills introduced in the US Senate and House of Representatives, entitled “*The National All Schedules Prescription Electronic Reporting Act of 2005*” propose to make federal money available to states for the creation of databases that track the dispensing of controlled drugs. A pharmacist or other dispenser would make an entry into a state-wide database any time more than 48 hours worth of a controlled drug is dispensed.

The database would contain identifying information about the patient and the prescriber’s DEA number, as well as drug, strength and amount. The database could be searched by law enforcement agencies, including the DEA, and is exempt from HIPPA requirements.

The AAEM Board voted to support this legislation, although with some debate. Differing viewpoints on this legislation are offered as part of Common Sense’s PRO & CON series. Readers are invited to review the actual legislation by going to the Library of Congress legislative information website, <http://thomas.loc.gov> to look it up. It is bill S 518. 🇺🇸

IN OPPOSITION OF NASPER

by Howard Blumstein, MD FAAEM

In this opinion piece, I will describe why I think the *National All Schedules Prescription Electronic Reporting Act of 2005* will not be useful in identifying patients abusing narcotic prescriptions, and may actually harm other patients.

I try to remember that drug seekers suffer an addiction that will destroy them medically, socially and psychologically. But it is difficult. They occupy my time in the ED, which would probably be better spent on other tasks. Plus, there is the potential of the professional embarrassment of having been fooled. Basically, they make me feel used.

Having little love in my heart for drug seekers, therefore, I was initially cheered upon learning of this bill. At last we have a tool to identify drug seekers. Perhaps law enforcement officials can find people feigning illness or injury to obtain narcotics. Maybe this resource will make it easier for physicians like me to identify patients with excessive narcotic usage.

But then I began to think about the long term effects.

Drug seekers are remarkably adaptive. Perhaps a number will be identified, particularly upon the initiation of such a database. But before long, these patients will learn to keep changing the identities

they use, just as they currently shift between clinics, EDs and pharmacies to avoid recognition. Thus their records become more fractured than ever.

More important, however, would be the impact on physician prescribing practices. Pain and symptom control is a topic close to my heart. I speak on this issue within our department and periodically at outside venues. Under prescribing is a chronic and pervasive problem. I plead with physicians and extenders to prescribe wisely, and anticipate the amount of medication a patient might need. All too often I encounter patients being given inadequate doses and far too few pills to cover a period during which they can be expected to have continued pain. Ten Vicodin for two weeks of pain before seeing their doctor? Please!

Yet I frequently hear this justification: “I am afraid the DEA will come after me for prescribing too much...” It is an argument I hear from fully trained physicians as well as residents. It is pervasive. I argue that the DEA is interested in those of us who abuse the privilege of narcotic licensure, who prescribe recklessly or for personal gain. I tell colleagues that prescribing reasonable amounts of narcotic, especially with justifying documentation, should

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