Zen and the Scientific Assembly

Andy Walker, MD FAAEM
Editor, Common Sense
AAEM Board of Directors

I have been going to emergency medicine meetings for well over 20 years. AAEM Scientific Assemblies, ACEP Scientific Assemblies, board review courses, literature updates, lawsuit avoidance courses, Mediterranean and Pan-Pacific Emergency Medicine Congresses, and even courses on how to be a better expert witness. Roughly 15 years ago I realized that the AAEM Scientific Assembly was the best emergency medicine meeting in the world. Even knowing that, I was amazed at the quality of the Academy’s 2013 Scientific Assembly in February. It went beyond technical quality. It was the most inspirational meeting I have ever attended.

The conference opened with a keynote address by James Keaney and comments from Scott Plantz, the founders of AAEM, in celebration of the Academy’s 20th year. Dr. Keaney may still be better known by the pen name under which he wrote The Rape of Emergency Medicine, The Phoenix. They made me realize that, despite the threats our specialty and those who practice it face, we have indeed made progress over the last 20 years — there is reason for hope.

Dr. Durkin’s state of the Academy update, during the business meeting on the last full day of the conference, gave me additional confidence in the future of AAEM, emergency medicine, and those emergency physicians who want to control their own practices and be treated fairly. I encourage more of you to attend the annual business meeting. You will be briefed on the membership, finances, and activities of AAEM; hear from the candidates for office; vote on those candidates; and come away with a greater sense of involvement in our Academy. One of the important differences between AAEM and ACEP is the Academy’s simple, clear, direct system for choosing its leaders: one member, one vote. Direct democracy that puts all the power, and the responsibility that goes with it, completely in the hands of the members. When you come to the annual business meeting, hear the candidates speak, question them, and then immediately choose which of them will lead AAEM — with the results announced the very next day — you can see and feel just how important you are to the Academy.

As meeting and speaking with Jim Keaney wasn’t enough, I got to meet another of my medical heroes, Stephen Bergman. Who? Yeah, I didn’t know his real name either. Dr. Bergman is better known by his pen name, Samuel Shem, author of The House of God. He too gave a keynote address, “Staying Human in Medicine.” Although it wasn’t planned to do so, it tied in beautifully with Dr. Plantz’s talk and Dr. Keaney’s speech, “The Past is Prologue: 20 Years After The Rape of Emergency Medicine.”

One thing I took away from that address was how healing, real healing, depends on a connection between doctor and patient. Especially in emergency medicine, that connection will be brief, but for the patient to feel cared for — and for the physician to find deep satisfaction in rendering that care — a connection must be made. Think about how dissatisfying, even aggravating or maddening, those encounters are when you can’t connect with a patient. All of us suffer through those every day. Sometimes it’s our fault. We are focused on screening for acute injuries and real emergencies, getting the trivial crap out of the ED as fast as possible, and generally “moving the meat” rather than healing. When we do find someone who actually needs the services of an emergency physician, we often become focused on meeting our “quality metrics” rather than on the human being with the disease. Time benchmarks for stroke and MI patients, documentation requirements for every patient, pre-procedure sedation forms for patients with fractures or dislocations, etc. — all these things distract us from where our attention should lie. Largely because of outside interference from bureaucrats and administrators, the chart has become more important than the patient. Remember when it was primarily a way to communicate with other physicians who were caring for the patient? Often it is the patient’s fault. It’s almost impossible to connect with a drug abuser who doesn’t want to face his own problem and will leave in a rage unless he gets more hydrocodone or alprazolam. Equally difficult is the malignantly neurotic patient who desperately needs to be in a psychiatrist’s office, but instead comes to the ED 30-40 times a year for an endless variety of physical complaints and refuses to consider that those symptoms may be psychosomatic. There are many other examples. I don’t have to recite them for you, you see them every day.

As he spoke about the importance of connecting, how to do it and the obstacles we face in trying to do it, Dr. Bergman mentioned the newest barrier to connecting with patients: the electronic medical record (EMR). I found that personally gratifying, since I have been a vocal critic of the EMR for many reasons.

Listening to Dr. Bergman inspired me to buy his most recent book, published in 2008, The Spirit of the Place. I just finished it, and recommend it highly. I think it is going to be as important to me in the last phase of my career as The House of God was at the beginning. Dr. Bergman has obviously studied Buddhism. He injects several Buddhist

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FROM THE EDITOR’S DESK

ideas into the story through the protagonist’s girlfriend, who teaches Buddhism. The protagonist becomes a Marcus Welby-style primary care doctor in his small hometown in upstate New York, taking the place of his old friend and mentor, Bill. The passage in which Bill dies is one of the most moving and instructional scenes I have ever read. I challenge you to read it without tears. There isn’t a Buddhist word in it, but it’s all about how to be open to the brokenness in ourselves and others, how to be fully present with someone else — with their pain and yours, and how to let go and quit grasping. It’s about being connected and loving, forgiveness, and healing. It is a reminder that profound healing can occur even at death. With all due respect to the author (and apologies to Robert Pirsig), the book should have been called Zen and the Art of Medicine. I urge you to read it, especially if you are feeling burned out. It is magnificent. And although I don’t see how it could beat this year’s, I look forward to seeing you in New York at next year’s Scientific Assembly — if not this September at the Mediterranean Emergency Medicine Congress in Marseille.

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