CALAAEM EDITORIAL

House Divided

Douglas Brosnan, MD, JD

Preface and Welcome by CALAAEM President Steve Gabaeff, MD

I would like to introduce Douglas Brosnan M.D., J.D., to our readers as our new legislative analyst and to welcome him to our leadership group at CalAAEM. Dr. Brosnan graduated with Honors from the University of California, Los Angeles with a dual degree in Physiological Sciences and Chicano Studies. He pursued his interests in medicine at the University of California at Irvine. In pursuit of his healthcare policy interests, he took a leave of absence between his second and third years at Irvine to obtain his Juris Doctor at the University of California, Hastings College of the Law in San Francisco. There, he was president of the Health Care Law and Ethics Club, served on the Hastings Healthcare Committee, was an articles editor on the Hastings International Law Journal, and worked with various health policy organizations including Disability Rights Advocates, The Lindesmith Center, and the California Medical Association. After returning to Irvine and completing his medical education, he began his career in Emergency Medicine where he is currently a second-year resident. We welcome Doug Brosnan and look forward to his insights in keeping us apprised of important legislative activities. He can be reached at dbrosnan@uci.edu .

We would also like to offer our gratitude to Mike Buchele, who had held this position for some time. Mike did an excellent job for us during a period when many important issues were being addressed. Thanks, Mike, for your outstanding contribution to CalJEM*!*

In the prophetic words of Abraham Lincoln in addressing the antebellum Nation, "A house divided against itself cannot stand." As physicians, we too live in a house divided. We factionalize along lines of specialty, practice size, practice location, ethnicity, etc. As emergency physicians, we are among the most egregious in splintering the House of Medicine. We have subdivided our small young specialty and then wonder, while we bicker amongst ourselves, how sly attacks by trial attorneys, managed care corporations, and hospital associations are so effective in eroding reimbursement and diminishing access to care. When addressing the Nation, Lincoln prognosticated that when a crisis is finally reached, the "house" will cease to be divided. Is that crisis not upon us now? How many more emergency departments must close? How long must wait times grow? How many hospitals should an ambulance have to pass to find a hospital not on diversion?

It is time to come together, not only within our own specialty, but within the larger House of Medicine. We must not isolate ourselves from our physician colleagues or we risk losing our message when the California Medical Association (CMA) or American Medical Association speaks to our elected officials.

This risk was partially realized this October when the CMA convened its annual House of Delegates, the most important legislative and policy steering session of the year. Among the many contentious issues discussed was Proposition 86, the tobacco tax, a Band-aid solution aimed at helping fund emergency care in order to stem the flurry of emergency department closures. Although the CMA initially supported this proposition, the House of Delegates expressed concerns about legislative provision that theoretically might exempt hospitals from anti-trust laws for pooling on-call physician resources in order to expand emergency services. These good-faith concerns about a theoretical unintended outcome overwhelmed the debate. The primary issues at hand for emergency physicians and patients – the imminent closure of emergency departments, increased ambulance diversions, longer wait times, and further erosion of surge capacity – were scarcely mentioned. Why were these issues not raised? Why did the CMA back down from its initial strong support, choosing instead to table the issue and not allow its name to be added to the "Support" column in the voter ballot?

The answer is plain. The CMA expresses the will of the entire House of Medicine. As of November 2006, only 852 emergency physicians are members of the CMA – representing less than 3 % of the total membership. Because many of us have isolated ourselves from medicine at large, our voice on issues raised by the House is diluted. We are sparsely represented in the larger House of Medicine, not because we are not welcome, but rather because we have not joined. As emergency physicians, we must own up to our responsibility of protecting our patients' access to care as well as defending the integrity of our specialty and our profession. We must not bury ourselves in our own specialty's partisanship. Rather, it is our duty as professionals, as doctors, and as advocates for our patients to defend our specialty and make our voices known.

The power generated when the leaders in all specialties of medicine unite for the benefit of our profession and our patients is incredible. No matter how influential any of our Emergency Medicine societies become, our voice will never approach the authority commanded when physicians speak with one voice. A united House generates a message vastly more compelling and allows us to be stronger advocates for our patients and our profession. When the public or the legislature wants to know physician sentiment, they don't look to specialist societies; they look to the CMA or AMA. Let's make the voice of Emergency Medicine heard.