Several days ago, I retired from the practice of emergency medicine after an enjoyable and emotionally rewarding 39 year career. As I reflect on my career, I had many different sources of professional satisfaction. I always enjoyed my clinical work, but primarily valued my work as faculty in an emergency medicine residency program. However, if I had to choose my single favorite professional activity, I would readily choose advocacy.

I recall my joy when I heard about the formation of AAEM in 1993. I readily became a charter member when AAEM began issuing memberships the following year. Prior to the formation of AAEM no society advocated for the practice rights of emergency physicians. I lamented the fact that so many of my colleagues had no basic practice rights at their hospitals and no one seemed to care. I was always convinced that emergency physicians could not adequately advocate for our patients if we did not have due process protections at our hospitals.

To this date, no other society advocates for emergency physician practice rights. No other society advocates for the rigorous application of state corporate practice of medicine (CPOM) laws, and no other society adequately advocates in support of proper board certification in emergency medicine. If not for AAEM, individual emergency physicians would have no advocates.

My residents at the University of Maryland love AAEM. Every year, all of our second year residents attend the AAEM Scientific Assembly. However, even though I repeatedly talk with them about AAEM, for most of our residents AAEM is just another society with a great annual meeting where they can present posters and attend fine lectures. We have to do a better job explaining the AAEM Mission to residents and recent graduates. We have to do a better job explaining the unique characteristics of AAEM and why we are the one essential organization necessary for the future well being of emergency physicians and our patients.

Unlike some of my colleagues at AAEM, I never felt any anger toward the American College of Emergency Physicians (ACEP). However, I always felt disappointed by ACEP. Despite having some good policies, ACEP doesn’t advocate for the imperiled practice rights of emergency physicians. Unlike AAEM, ACEP does not advocate in support of the enforcement of state CPOM laws. Despite the fact that 38 states have laws restricting or prohibiting lay ownership of medical practices, lax enforcement of these laws has resulted in the steady growth of lay corporations operating more and more emergency departments in the U.S.

ACEP always disappointed me with regard to their record of not supporting the academic integrity of emergency medicine. Until the year 2000 they allowed non-ABEM eligible physicians to become full members, and they even had a membership section that advocated for these members and for alternative board certification that did not require residency training in emergency medicine. What message did it send to other physicians when the largest organization of emergency physicians advocated for alternative boards that did not require EM residency training? This sent the message that EM was not a legitimate specialty with a unique body of knowledge requiring residency training. Even though ACEP enacted some positive reforms in 2000, eight years later they granted fellowship status (FACEP) to non-ABEM eligible members, again undermining the academic integrity of EM. At that point, I quit ACEP after 29 years of membership. I concluded ACEP would not begin to do the right things during the course of my career.

In its earlier years, ACEP had several national presidents who also served as officers of lay corporate contract management groups (CMGs). Two years ago, ACEP had another president who served as a national vice-president of a lay corporate CMG. This year they had a president-elect who was not ABEM-eligible. I assume these two individuals are fine people. However, the fact that they ended up at the top of ACEP leadership makes a statement about the ongoing orientation of ACEP toward lay corporations, and a less than emphatic endorsement of ABEM certification.

Down through the years, I knew many fine people who served on the ACEP board of directors. I know several fine people who I highly respect who currently serve on the ACEP board. Even though ACEP attracts some outstanding individuals who sit on their board, the institutional agenda of ACEP still does not allow it to adequately advocate for the practice rights of its members, to adequately advocate in support of proper board certification, and to oppose illegally incorporated lay entities that are taking over our specialty. The crises of emergency medicine cannot be resolved by such an approach. Only AAEM advocates in these areas. Therefore, emergency physicians need AAEM now more than ever.

Most emergency physicians who I interacted with in the past 10 years do not understand the differences between AAEM and ACEP. I even believe most AAEM members do not understand the important differences between the two organizations. AAEM does many things well. Like ACEP, we have great educational programs. Like ACEP, we provide some direct benefits to our members. However, we need to go back to our roots and refocus on our Mission, on the reasons for our existence, on the reasons why we are so essential to the practicing individual emergency physician. If we stick to our original Mission and make it the strong focus of our activities, we will get to the point when most board certified emergency physicians will realize the necessity of AAEM membership.