

A Novel Committee on a Very Important Directive

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As we reach the halfway point of this strange year, I find myself pausing to reflect on what has happened thus far. I am asking myself questions that I have never before had the need to ask. Questions like, "Why can't my children go to school?" "Where did all the toilet paper go?" "Why can't I drink wine while I homeschool my kids?" Some of these questions have obvious, albeit unsatisfactory answers. Some questions, however, have answers

that are much more vague. Or rather, answers that just lead to more questions. "Where do we put all these sick patients?" "Who should get the last ventilator today?" "Should I really ask my nurses to wear trash bags as PPE?" Barring my brief practice in the austere environment of Afghanistan, all of the emergency departments (EDs) in which I've worked in have had more than enough supplies to care for the patients who come through the door. Overseas, however, we were faced with many obstacles. Being in the middle of a combat region, limited human resources was a huge limiting factor for care we could provide. Fortunately, I was filling the place of many who had practiced in this environment before me and we generally followed standard operating procedures that gave us a game plan for most eventualities. For example, we had a well-crafted outflow plan for patients who needed care we couldn't provide. STEMI without a cath lab? No problem! Give them thrombolytics and put them on a plane! A combat wound that needs extensive plastic surgery? We got this! Resuscitate, stabilize, and get them on a plane! Crash blood supply exhausted? Easy! Everyone line up for a whole blood drive! Then, put the patient on a plane.

Back on this side of the world, I've been lucky to practice mostly in large, urban EDs. The smaller EDs I've worked in have all had strong city connections and transfer protocols. I've never needed to contemplate rationing ventilators, ET tubes, face masks, or gloves. These are realities that some of us are now facing; and some for a second time. These are all realities that most of us take for granted in a resource rich nation. As such, I am sure that I am not the only physician to feel a bit uncomfortable when faced with having to make these choices on a daily basis. I am used to having a standard of practice, a modus operandi, something solid that I can fall back on to defend my medical choices. Recently, this type of governance resource did not exist. Enter the newly formed AAEM Ethics Committee.

AAEM has long since provided support for the practice of emergency medicine. The principles of the group stem from the personal and professional welfare of the practicing emergency physician. As a democratic organization, AAEM supports fair and equitable practice environments to allow physicians to provide the highest level of care. Keeping with these principles, the AAEM Ethics Committee was formed earlier this year to provide ethical guidance that supports and mirrors the guidelines of ethical practice needed in EM. Furthermore, our first major initiative is to create a written, standard Code of Ethics for EM and by EM practitioners. As the Vice Chair of this new committee, I am honored to be a part of helping EM docs navigate through the new challenges we are all experiencing daily. We are dealing with things like resource allocation in the midst of a pandemic, end of life care and preparation, and provider safety amidst the ever-growing risk of illness. These issues can make us feel lost, frustrated, or even hopeless. We all know the medicine to provide care for sick patients and the myriad of issues that befall the emergency physician. However, not all of us are prepared for what we are currently facing, nor have we had to make these choices for so many people on a daily basis. Choices like who lives and who dies due to unavailable resources. Few of us have had to watch our EM (and medical) family become sick, incapacitated, or die as a result of just doing their job. There is no

Roberts and Hedges for this new aspect of our job. As we launch this new committee, I am most excited about providing ethical guidance for these extremely difficult daily tasks of which we face, and to provide the basis of support for the decisions we have to make every day.

As I write this today, my city is feeling the effects of a "second wave" of the coronavirus outbreak. We are running out of N95 masks. We are running out of hospital beds. We have maxed our human resources. Nurses and techs who were previously furloughed are reluctantly trickling back into the hospital. My colleagues and I look to the experience of those practicing in New York, Chicago, Detroit, New Orleans. Those physicians who are finally coming through their toughest stretch will now be guiding lights for those of us just getting into the weeds of this virus. We will use these experiences to help build new clinical practice guidelines. We will draw from the stories of our colleagues to create ethically sound guidance to take with us into the future of our clinical practice. I am confident that as an EM community, we will come through this trial stronger, humbler, and more knowledgeable as we learn from the experiences of those who forged through first.

While I'm not sure we will ever know where all the toilet paper went, I am hopeful that the AAEM Ethics Committee will provide the EM community with thoughtful guidance and support for the non-linear questions that we face today, into the second (hopefully more positive) half of 2020, and into our future as EM physicians. ●

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