

Musings of a Master: How I Came to Embrace AAEM

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"I would hope that in four years you would become so accustomed to the first-rate, so imbued with the 'habitual vision of greatness' that you will never in your life be satisfied with less. I would hope that you would come so much to love good books, good conversation,

good friends, and good deeds that nothing will diminish your commitment or lessen your enthusiasm. "The life so short, the craft so long to learn." I would hope that your minds and spirits would be so touched with imaginative fire that you would happily acknowledge that these years are only the beginning on your education, that your search for knowledge and touch are only the beginning on your education, that your search for knowledge and beauty would be, quite literally, the task of a life-time."

From *The Craft So Long to Learn*, an address delivered to students of the University of Chattanooga in 1964, by Guerry Professor of English George C. Connor.

In 1992, I had just returned to the United States after several years of active duty as a medical officer in the U.S. Army. My wife and I settled in North Carolina and I began working in various emergency departments, as an eager but untrained emergency physician, through a company called Coastal Emergency Services. Due to a twisting and adventurous career path that included a life-changing detour through a war, I was well into my mid-thirties by then. Though experienced in life, I was naïve about the world of emergency medicine. I was working mostly in small towns, while applying for a residency in emergency medicine and hoping to get back on the track I had envisioned as my career path.

During my time as an untrained, fly-by-the-seat-of-your-pants doctor — and making mistakes every day — I was faced with Coastal wanting to change my contract every few months. It was an odd thing to me at the time, and illustrates just how little I knew about the business of emergency medicine. Despite my innocence, I negotiated reasonably well and began to learn something about contracts and bargaining. I recall a conversation with my wife at the time in which I said something like, "I don't know who this company really is or how they work, but if they continue doing what I think they are doing, they are going out of business soon." I learned later that my statement coincided with a newsmagazine cover story that described Coastal as essentially the best opportunity for investors since the invention of ice cream. It wasn't long, however, before they did indeed file for bankruptcy.

As fortune would have it, I was offered a residency position in a brand new emergency medicine program at Vanderbilt. Corey Slovis had assembled a remarkable faculty of the best and brightest, including one outspoken young renegade by the name of Andy Walker. Andy introduced me to a new, activist voice in emergency medicine that was standing



up for individual, practicing physicians and shining a light on what is now called *the corporate practice of medicine*. Having some practice experience prior to residency, the principles and vision of this fresh organization hit home with me. The passion of Dr. Bob McNamara, who happened to be exactly my age, was also convincing and contagious. It was a turning point for me.

In case you have forgotten or never read AAEM's Vision Statement, here it is:

A physician's primary duty is to the patient. The integrity of this doctor-patient relationship requires that emergency physicians control their own practices free of outside interference.

We aspire to a future in which all patients have access to board certified emergency physicians.

The Principles

1. The ideal practice situation in emergency medicine affords each physician an equitable ownership stake in the practice. Such ownership entails responsibility to the practice beyond clinical services.
2. Emergency physicians should have control over their professional fees and should not engage in fee-splitting.
3. The role of emergency medicine management companies should be to help physicians manage their practice. The practice should be owned by and controlled by its physicians and not by a management company.
4. Medical societies should actively encourage the creation and enforcement of statutes prohibiting the corporate practice of medicine.
5. Medical societies should not accept financial support from entities that do not adhere to the above principles.
6. Emergency medicine specialty societies should work towards the goal of establishing a workforce sufficient to ensure that all emergency departments in the United States and its territories are staffed by emergency physicians certified by either the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine.

After four years of residency, plus a prior internship year and four years of military service, I finally entered practice as a fully trained emergency physician. I had grown up in East Tennessee and wanted to return to the beautiful mountains of home. I learned quickly that almost all the emergency departments in East Tennessee were staffed by a company called Team Health, headquartered in Knoxville, TN and largely run by a few family practice doctors. I later learned that the CEO, Dr. Lynn Massengale, had never completed a residency in any area of medicine. Instead he found it much more rewarding to take a significant part of

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the money earned by the physicians who actually worked in an ED. In 1999, financial reports posted on the SEC website recorded compensation of around \$2,000,000 a year to Dr. Massengale.

A few of my colleagues saw the business model and wanted to follow the trail blazed by Lynn Massengale and others. It made me a bit uncomfortable, but I thought I would give this contract management company a chance to prove they were the good guys they said they were. Then I witnessed a series of egregious business arrangements, the firing of good doctors, and threats to enforce restrictive covenants. I could not conscientiously continue in any capacity that would support what I came to view as an extremely unethical business. I resigned. I fulfilled my contract obligations, including the restrictive covenant clause, without challenge. I had to sell my home, pack up my family, and move away from East Tennessee. This was another turning point. With no job and no income stream, but a great future as an emergency physician who took the arduous path of residency training and ABEM certification, I went to a board meeting at the AAEM Scientific Assembly and pledged a large sum of money to support the new AAEM Foundation, so that no board-certified emergency physician would have to worry about bankruptcy because of fighting the unethical business practices of lay-owned corporate staffing companies.

Eventually several of my former Vanderbilt colleagues and I established one of the finest democratic, independent, emergency medicine groups in the country. In the subsequent years of exciting and fulfilling practice in a community hospital, I became an expert on the business of emergency medicine. I was encouraged by some great friends within AAEM, ended up on the Academy's board of directors, and helped lead a task force through the complex process of forming a new entity that helps

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emergency physicians create and maintain their own democratic groups, the AAEM Physician Group.

Now I find myself standing on the shoulders of giants, looking out over the future of emergency medicine. I hope that future will be determined by emergency physicians who remember what we have been through and where we ought to be going. I hope to retire in the not too distant future, but I will remain a staunch advocate and vocal supporter of those leading our specialty in the right direction, like AAEM. There will be no end of challenges in our chosen field, emergency medicine.

References

1. (<http://digital-collections.library.utc.edu/digital/collection/p16877coll13>) ●

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