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THE CALIFORNIA JOURNAL OF EMERGENCY MEDICINE

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of Emergency Medicine

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President's Message

July 2000 will always be perhaps a special moment for CAL/AAEM. We are now moving forward with the first issue of our newsletter: the California Journal of Emergency Medicine. In less than two years and with only 200 California AAEM members, we have organized so far 3 successful widely-publicized Business Forums on critically important practice issues in emergency medicine (EM). We have supported emergency physicians (EPs) in their legal struggles for due process. We have recruited an impressive panel of EPs to our board of directors and to the leadership of almost every committee.

Perhaps our most important effort has been in our opposition to the "Corporatization of EM" by publicly held and hospital owned entities. We have targeted "Exit Strategies" as our most important priority due its critically damaging impact on the welfare of the majority of EPs. CAL/AAEM stood unequivocally united with the CMA, ACHP and our own AAEM in supporting nearly 40 EP groups in their struggle to stand against what we believe is a dangerous violation of the California laws prohibiting the corporate practice of medicine by non-physician entities. We are also actively progressing in our work with the State Medical Board to address the issue of moonlighting while emphasizing the value of board certification in EM as a requirement for the independent practice of EM. Our patients deserve nothing less.

I would like to dedicate the first issue of our newsletter and my first CAL/AAEM President's message to CAL/ACEP. As EPs, united, we must all express our gratitude to CAL/ACEP for its long-standing dedication and its achievements on a state and national level. We also wish to thank its members and its current past and current leadership for the outstanding services CAL/ACEP has provided to all EPs on nearly every front. You equally touch the lives of your members and non-members.

Many of our members and readers will next ask "Then why a second state organization?" Why not maintain a cohesive one-organization approach in California? Why even join CAL/AAEM?

Those are indeed most legitimate questions. A second "organized EM voice" in California certainly carries the risk of weakening our efforts. It could be labeled as "divisive" and demoralizing. Why not simply participate and contribute effectively to a more resourceful experienced organization? Furthermore, CAL/ACEP is actually an organization that has recently embraced our participation. In June 2000, its members have elected three of our AAEM leaders to its own board of directors. CAL/ACEP has enriched us with many of our own AAEM members who are dual in their affiliations, including 3 of its own past Presidents. Even the EMPAC Board has at least 3 of our own AAEM members.

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Welcome

Welcome to the first issue of *The California Journal of Emergency Medicine*. This journal is a quarterly journal dedicated to providing CAL-AAEM and other physicians up-to-date information on the practice of emergency medicine – both clinical and practical. Submissions are welcome and encouraged. It's your forum for communication!

Types of submissions include:

1. Viewpoint: Brief statement on a controversial topic (maximum 400 words).
2. Case Report
3. Review articles (maximum 1000 words)
4. Letter to the Editor: Response to published article
5. Original research

Robert Derlet, MD
Editor

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Clinical Review

Phenobarbital for Alcohol Withdrawal: Rapid Patient Disposition

John R. Richards, M.D.
U.C. Davis School of Medicine

For thousands of years, ethanol abuse continues to be a serious problem worldwide. Emergency physicians face the consequences of alcoholism. Chronic alcoholics often present to the emergency department with seizures, ketoacidosis, and symptoms of withdrawal. These patients require significant physician time, nursing, and medical resources. For sedation and reversal of withdrawal symptoms, benzodiazepines (BZDs) have most commonly been utilized in the (ED) and intensive care unit setting. Phenobarbital is an older drug that is perhaps currently underutilized for alcohol withdrawal. In this article I will discuss the advantages of phenobarbital over BZDs in the rapid disposition of chronic alcoholic patients.

The pharmacologic action of the diminutive ethanol molecule is complex. It is believed to increase the fluidity of the lipid bilayer of cell membranes within the central nervous system, resulting in alteration of membrane function from diminished viscosity. One example of this is the enhanced action of the inhibitory neurotransmitters GABA and glutamate at their respective receptors in the presence of ethanol. Ethanol also appears to affect opioid receptors, as well as many other membrane-bound enzymes and ion channels.

A variety of pharmacologic agents have been tried in the past for withdrawal. Besides BZDs and phenobarbital, other anticonvulsants, such as phenytoin, have been used with limited success. Phenytoin has little efficacy in the mitigation of withdrawal symptoms, and does

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Overcrowding in Emergency Departments: Effects on Patients

Robert W. Derlet, MD
U.C. Davis School of Medicine

Recently there has been increased discussion on the overcrowded conditions in many of California's emergency departments.^{1,2,3} A recent article published in the *Western Journal of Medicine* details the result of a comprehensive survey among directors of California EDs.¹ Over 96% reported episodic overcrowding in EDs and some reported nearly daily overcrowding. The results are also similar to that conducted in a survey nationally that included both teaching and non-teaching hospitals. Although the causes of overcrowding are complex and multifactorial, the key reason for overcrowding is because EDs are too small and understaffed for the population they serve. The impact of overcrowding deserves discussion. There are multiple effects of overcrowding and it is unfortunate that our patients have to suffer because EDs do not have the capacity to serve the public. Some of the effects of overcrowding that I have discovered in my discussions with emergency physicians throughout the state include the following:

1. Long waits for care. Long waits are the most common complaints from ED patients. A consequence of these delays includes the potential for minor medical problems to become more serious. Patients are unhappy with long waits and this dissatisfaction is reflected in an increasing number of patients who leave without being seen.
2. Prolonged pain and suffering. As a result of overcrowding, patients may experience prolonged pain and suffering because they are at the "back of the line." (Cont. on page 3)

About CAL-AAEM

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Statements expressed in this journal are those of the authors and do not necessarily reflect those of the American Academy of Emergency Medicine or the California Chapter.

President's Message continued

Here is why we have founded CAL/AAEM: to complement CAL/ACEP's efforts in conditions where its comprehensive strategy cannot effectively serve the rank and file EP. Concerns of antitrust and about the divisiveness of certain issues limit the ability of CAL/ACEP to move in specific arenas, the way CAL/AAEM can. In addition, national strife between ACEP and AAEM resulted in many of our members choosing not to join CAL/ACEP due to the mandatory requirement to join national ACEP. Many EPs perceive the national organization to be staff-driven (as opposed to physician-driven), and to be unevenly influenced by corporate strategies on practice issues specifically. Others see it as slow in its response, or as a trade organization that does not consistently or effectively represent the individual needs of the rank and file emergency physician.

We certainly look forward to the national reunification of the voice of EM. CAL/AAEM will actively seek to work with CAL/ACEP to reunite the national house of EM. In the meantime, we shall encourage our members to **participate, belong and/or contribute to CAL/ACEP and to CAL/AAEM**. Dual membership is certainly making us stronger in our effort to reunify the house. Perhaps what is most important is to work together and to **contribute to our California EMPAC funds**.

Until the national groups are able to reunite, we hope CAL/ACEP will continue its effort working with us to minimize the divisiveness in the voice of EM at the state and national level. CAL/AAEM believes that the current open channels of communications and mutual appreciation would help. At other times, such divisiveness may be necessary and yet possibly constructive. It will certainly be conducted with respect and courtesy. CAL/AAEM will seek to address only a limited number of practice issues. It will attempt to do it with and through CAL/ACEP. And it will do it alone only when it finds the best interest of the rank and file EP is being inadequately represented due to anti-trust concern or national restrictive policies.

Most of all, we shall focus most of our effort on the struggle to protect the practicing EPs from the continuing dangerous trend of "Exit Strategies." While vested equity in a group is legitimate, we strongly oppose the current forms of sale of contracts to corporate entities: the future income potential of practicing EPs is being robbed. The wellbeing of patients and physicians is being jeopardized. We basically shall not avoid taking stances on issues of importance because it may offend some powerful entities, other EPs, or certain non-democratic groups, their leaders or their owners. We shall seek what is right, fair and ethical.

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Dr. Kazzi is also a member of the Boards of the American Academy of Emergency Medicine, and the California Chapter of the American College of Emergency Physicians.