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LETTER TO THE EDITOR

California AAEM and its Alternative Strategy

Letter to the Editor: Dr. Kazzi, Your message regarding CAL/ACEP in recent CaJEM was offensive to EP's. Particularly, your statement: "We also wish to thank its members and its past and current leadership for the outstanding services... provided to all EP's on nearly every front..." has no basis in facts. In reality, the actions of ACEP have hurt EP's on almost every front. I understand your desire for working within ACEP to try to move the organization towards policies beneficial to working EPs. However, I certainly see no reason to make heroes of them. If ACEP has provided such outstanding service, why have many of the most prominent academic ED physicians, including Bob Simon and George Schwartz, chosen to resign.

Has ACEP served EP's on the following fronts?

1. Exorbitant membership dues that pay for very high executive salaries
2. High continuing education tuition
3. Position on contract companies
4. Position on due process
5. Position on non-compete clauses
6. Advertising that, prior to board certification policy change, non-board certified EPs should join to obtain de facto surrogate credential for legitimate board certification
7. Roster of past presidents and board members: ACEP has been the maidservant of the contract groups.

THESE ARE THE BOYS THAT REFUSED TO TAKE A STAND AGAINST CATHOLIC HEALTHCARE WEST!!!! That certainly is a front that has "served" EP's!!!! Get real.

Indeed, it is only on economic and political fronts that help the bottom line of EP employers in which ACEP has excelled; has ACEP taken a stand that all fee gains obtained through their work be passed through to the EP's?

I realize that CAL/ACEP has taken some recent positive actions like its EP Bill of Rights. However, no enforcement was attached, so they are only so many words.

I will not be in an organization where the president's views are so diametrically opposed to mine. As I said, I have no disagreement with your philosophy of working within ACEP, but these bozos are no heroes to the EP's. I think you must separate a strategy of involvement from one of glorification of the enemy.

Stuart Goldfarb, MD, FAAEM

PRESIDENT'S MESSAGE

Reply to "Letter to the Editor"

A. Antoine Kazzi, MD, FAAEM, FACEP
President CAL/AAEM
American Academy of Emergency Medicine

I wish to thank Dr. Goldfarb for his wholehearted letter because it serves to bluntly remind CAL/ACEP and CAL/AAEM members alike, of the depth and intensity of distrust reigning in our specialty. ACEP has given emergency physicians (EPs) over the last three decades ample reasons to question the ethics of its policies towards its rank and file and the best interest of the specialty.

I ask Dr. Goldfarb and our readers to "read between the lines" in my letters before jumping to the conclusions which he made. Yes, I commended CAL/ACEP for its longstanding service to EPs. However, I clearly qualified it stating this happened on "nearly every front" in reference to the lack of credible action to end unfair practice conditions that we deplore.

I commended CAL/ACEP and not ACEP, because the two organizations are quite different. A close look at the activity profile and leadership of the state chapter will reveal incredible talent and dedication and considerable triumphs that we should not deny. Such unfair criticism or denial has deeply compromised AAEM in its ability to recruit the members and momentum we need to achieve the changes we seek. Nearly a third of the CAL/ACEP and EMPAC boards and three of the CAL/ACEP past-presidents are AAEM members. Calling them/us "bozos" is certainly not the way to succeed or to break out of the splinter radical self-righteous image we earned when AAEM was founded.

One must not deny credit, where credit is due. One otherwise loses his/her own credibility and would likely fail to find anyone caring to listen to his/her grief. To enact the AAEM principles of fairness into our daily practice, we must not omit the bread and butter activity of highly dedicated individuals within the house of ACEP. As indicated by Dr. Goldfarb, we must mobilize them to our side. Many ACEP leaders suffered a great deal to promote EM on front lines and in circles that the rank-and-file EPs do not see. Dr. Goldfarb says, "It is only on economic and political fronts that help the bottom line of EP employers in which ACEP has excelled." I urge us to remember that a large number of California groups are democratic partnerships and benefit directly from those triumphs. Universal fairness in the passage of profit to the clinicians toiling at the bedside is an issue we must address separately.

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I admit that I elected to avoid any negativity or direct criticism in that issue. Yes, I used the first message to extend an olive branch and to establish our journal as a tool that will bridge and not divide EM. Isolated, AAEM and its issues will die. We need to gain the credibility, the ears, and the confidence of the silent majority of EPs.

This is indeed an "alternative" strategy, a tactic that I deliberately have engaged CAL/AAEM into - with the support of the majority of our board, in order to take our issues and objectives closer to fruition. We need to earn the support of the majority of EPs that remain inactive or unaware of the threat to the independent practice of our noble profession. We owe our members to win the fight we engaged in. We cannot do it without the vast numbers of active EPs who remain within ACEP. We must recognize the good, in order for the majority to recognize the validity and objectivity of our AAEM objectives. No, we can never win if we keep fighting with the 2/3 of the ACEP leadership that actually believes in our issues. We must stop calling all of them "the enemy." We otherwise will continue to allow the dictators and multimillionaire scavengers to use our own best EPs, residents and educators against us again, again, and again.

I remind you that I deliberately elected to refer to CAL/ACEP and not ACEP, for I certainly hope you would agree that there is indeed a difference between the two. To say the least, you can nominate your board candidates and elect them by mailed-in ballots, the same way we do in AAEM. Active participation and careful observation would reveal that CAL/ACEP has clearly endorsed policies that address due process and non-compete clauses. CAL/ACEP voted to refuse to join ACEP in its \$50,000 advertising campaign to non-ABEM/AOBEM physicians to join before the end of the year 2000. There is no "exorbitant cost" to "the scientific assembly" since CAL/ACEP offers an outstanding 4-day annual Scientific Assembly as a free member benefit.

Yes, the majority of EPs believe that national ACEP is staff-driven, and not physician-driven. I certainly hold that same belief. However, CAL/ACEP runs its operations with 2 kind and caring full-time employees. This is nearly the same staff-ratio that we use in AAEM - both organizations being nearly of the same size. Dr. Goldfarb would be first to recruit them for AAEM if he got to work directly with them. Kind, caring and dedicated, Sheila and Deborah, the CAL/ACEP staff, do not dominate nor interfere in the development of strategy for our specialty. AAEM knows this for a fact, for I have closely worked with them for half a decade - often enough in adverse tension with other CAL/ACEP directors due to my AAEM activity.

I have met Dr. Goldfarb since my first message, and am glad that he agreed to consider an appointment to the CAL/AAEM Board of Directors. His energy, commitment and attention are obvious assets that we cannot afford to lose. I am confident that his participation will play a vital role in advancing our issues on every front. CAL/AAEM is in critical need for such active participation. We need volunteers and not only dues.

I wish to conclude with the following message to CAL/ACEP and ACEP carried by Dr. Goldfarb's letter: CAL/AAEM and AAEM must and will maintain course until our principles prevail. We cannot and will NOT accept words, position statements and educational pieces. We need a truly representative leadership and brave legislative action to protect our patients, our clinicians and the future of EM from the abuses of the profit-driven mentality that has been prevailing for three decades. We carry this message loud and clear - perhaps even deeper into the ranks and minds because of the alternative strategy that the CAL/AAEM leadership has elected to support. In assuming leadership, there comes a point when silence or inaction becomes treason.

Are you afraid to complain about ED overcrowding?

Robert W. Derlet, MD

Recently, a Midwest EM physician was fired because he complained of severe overcrowding. According to my sources, the physician was on duty one evening when the ED was overwhelmed with patients that far exceeded the capacity of the ED, and his pleas to the hospital for more resources went unanswered. As a result, a least one patient had a poor outcome, but when the physician complained about the inadequate size of the ED relative to the volume, he was blamed for the poor outcome and terminated.

I have heard that some physicians are afraid to complain about severe overcrowding for fear of personal retaliation or for fear that the ED group may lose the contract from the hospital. We would like to collect more data on this problem. If you work in an overcrowded ED, but are afraid to complain to your ED group or hospital, we would like to know. Information will be kept confidential and reported only as "a hospital on the East Coast," etc. Please send the facts to me via e-mail: rwderlet@ucdavis.edu.

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