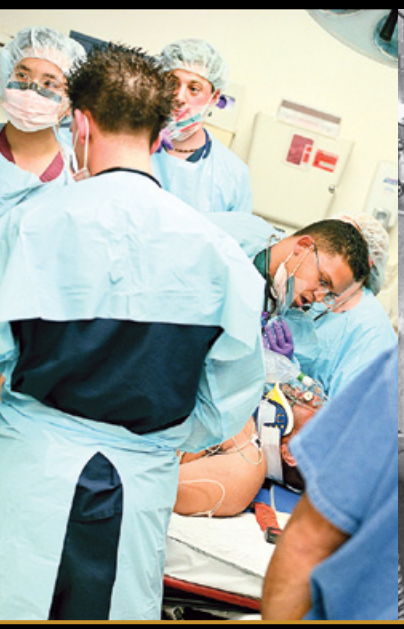

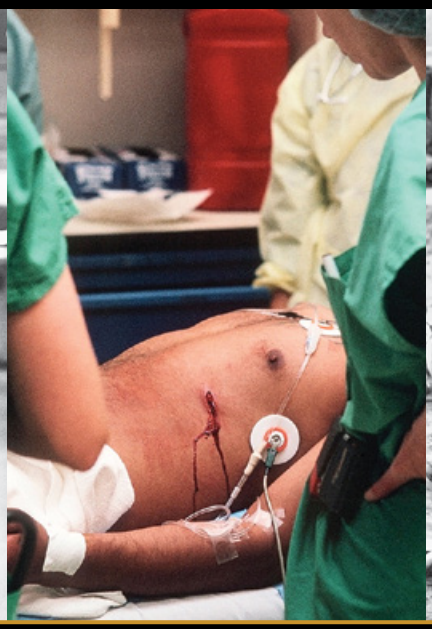


ANYone thing time

A History of Emergency Medicine

Second Edition



Brian J. Zink, MD

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To my daughter, Korie —
a developing emergency physician
and my greatest gift to the specialty.

PREFACE

Sixteen years ago I conceived of *Anyone, Anything, Anytime* — a history of emergency medicine — and began interviewing the founders of the field and researching the book. Twelve years have passed since publication of the first edition. That effort was a labor of love, and the most meaningful academic project I've ever undertaken. I will never forget the incomparable experience of traveling the United States to interview many of the pioneers of the field. Looking back, my timing was right; 25 percent of those I spoke to have since died.

One of those now gone, Ron Krome, a "star" of the first edition, sent me a letter in 2006 to point out an omission. He closed with this: "Personally, I can't wait for the movie. I assume Brad Pitts *(sic)* will play me since we look so much alike." Those who knew Ron will recognize his personality in that remark. Likewise, my broad, direct exposure to other founders of the field has allowed me to feel the personality and humanism of emergency medicine, and my goal has been to capture that dynamic so others can experience it.

At this point in time, as a relatively senior member of the emergency medicine community, I am probably considered "establishment." That's hard to grasp, given that I once felt like a rebel when choosing this brave new field. But here I am, reflecting more and more on my own journey and that of our physician forebears.

My first experience in emergency medicine was in 1977–1981 as an ER orderly. Virtually none of the physicians I worked with had been formally trained in acute care, and even as a neophyte, I could see when they were in over their heads. One night, several young Jersey Shore partiers wrecked their car and presented to our ER as trauma patients. The emergency doctor on duty was a good man — gentle, kind — but he was trained as a family physician, not in the treatment of critical injuries. One victim had low blood pressure and was struggling to breathe; his situation was dire. The doctor struggled but managed to insert an endotracheal tube down the young man's bloody airway. By then, the patient had no blood pressure, so I started chest compressions. As the physician pushed air into the lungs with a bag-valve apparatus, it felt like Rice Krispies were pushing back against my fingers. I now know that was "crepitus," indicative of subcutaneous air. The doctor bagged harder as I told him the chest was expanding. What he did not recognize, and what a trained emergency physician would have known, is that these are signs of tension pneumothorax, a blown-out lung that leaks air into the space between the organ and the chest wall, compromising both lung function and circulation. Untreated, tension pneumothorax will cause death; what was needed was a chest tube to relieve the pressure. I kept pumping vigorously until the young man was pronounced dead. Still, almost 40 years later, I remember that case like it was yesterday. I vowed then that I would get the training I needed to become a true emergency physician.

The first edition of this book was an extension of that desire to learn all I could about this vital field. I felt that people needed to know where we came from — what it was like not to have emergency physicians as the front line of care in our communities. And readers needed to appreciate the enormous work it took for emergency medicine to become a new specialty.

Why produce a second edition of the book? One simple reason is to chronicle a greater portion of the history of this young medical field and to introduce some additional characters. The first edition ended with the mid-1990s. The last years of that century and the first decade of the new millennium brought many changes to the specialty. And more is still happening, much of it very positive in terms of specialty status and academic growth. In this edition, I take the timeline up to the 2010 Affordable Care Act or thereabouts. I also try to shed light on several fundamental issues that continue to challenge, and sometimes haunt, emergency care: the unrelenting march of patients through our doors, the miserable state of access and options for the poor and disadvantaged, crowded hospitals, a sicker patient population. The business of health care has changed as well, and not always in ways that are favorable to emergency physicians

and their patients. My final reason for this revision is to bring a sense of the history to today's medical students, residents, and others who were born too late to have a direct connection to the individuals who worked tirelessly to create this unique specialty. Here's my challenge to millennials: Do a quaint thing from the past — read a book about the history of the field you are entering.

I am grateful to many people for making this book possible. First, Rachel Donihoo at ACEP has been a fantastic editor and confidante, who worked with me to make this edition "less dense," more readable, and better illustrated than the first. My family has been exceptionally supportive and tolerant as I fussed with the manuscript, all while we were relocating back to Michigan and remodeling a home. Deepest thanks to my wife, counselor, and advisor-in-chief, Dana — and to my children Eli, Ethan, and Korie; daughter-in-law, Jordan; and future son-in-law, Rohan — for making life rich and fun. Thanks also to our dearest friends, Geoff and Kris Larcom, who have welcomed the homeless Zinks as houseguests for many months — they are true friends. Finally, sincere thanks to the emergency patients who present to us in crisis, who trust us as strangers, and whose stories are intertwined with the lives of all emergency physicians.

Brian J. Zink, MD
Professor of Emergency Medicine
University of Michigan Medical School
Ann Arbor, Michigan

FOREWORD

"What's past is prologue."
– William Shakespeare

The first edition of this rich history concluded in the mid-1990s, before emergency medicine had reached maturity. A new specialty was born, nurtured by pioneering physicians who had often been labeled "crazy" by their colleagues and families. Through their labors, residency training had proliferated, primary board status had been attained, and formal academic departments were spreading across the nation. Yet, storm clouds were forming over the young specialty; split along academic, community, independent, and corporate lines, divergent organizations had begun to pull it apart. Emergency medicine was facing a tumultuous adolescence.

I began medical school at The Ohio State University (OSU) in 1994. A child of the 1970s, I grew up watching *Emergency!* and became a medical student just as the TV drama *ER* began popularizing — and glamorizing — life inside the emergency department. My classmates and I routinely gathered for pizza and beer to watch the show. To this day, I still remember the fictional Dr. Mark Greene's misdiagnosis of preeclampsia, with its heartrending and fatal consequences. In parallel, I was also engaged in emergency department-based research, living out my own real-life version of *ER* while learning how to suture, read ECGs, and take medical histories.

Although the OSU emergency department was a far cry from the wildly unsupervised emergency departments of the 1960s and 1970s, by the end of my second year, I had performed hundreds of laceration repairs with an independence no present-day medical student is likely to experience. Not until reading Brian Zink's history was I aware that OSU Emergency Medicine had achieved departmental status only one year before it became my home away from home.

In January 2000, emergency medicine residency training became a requirement for fellowship status in the American College of Emergency Physicians (ACEP). Tensions between ACEP and its new rival, the American Academy of Emergency Medicine, were in full force. And though firmly established, the specialty was yet to be warmly embraced by the larger house of medicine.

I was launched from residency in 2001, complete with a graduation "roast" gift of *The Rape of Emergency Medicine*. When I began my life as an attending physician in Memphis, the specialty was still a novelty; the prevailing sentiment was that an internal medicine/pediatric residency was the typical route to an emergency practice. A previous attempt to create an emergency medicine residency at the University of Tennessee's downtown teaching hospital had been rebuffed, the medical staff at my hospital routinely treated emergency physicians as their interns, and our emergency services committee was chaired by an internist.

I still recall requesting rapid-sequence induction medications for a difficult intubation. Without warning, I heard the nurse declare, "Sux is in!" She had administered the paralytic agent while I was still across the room. I raced to the bedside in terror, barely securing the apneic patient's airway with little time to spare. Once the adrenaline faded, my trembling legs nearly collapsed from under me. On a less dramatic occasion, I noticed that one of my patients was absent. I was told that he had been taken for a head CT ordered by another physician, who'd called it in from home. Many of you will appreciate my ire and trepidation when I, a 30-year-old physician, called this man — a white-haired southern internist and former medical staff president whose portrait hung proudly in the lobby — to make it clear that never again was he to order interventions on my patients without first consulting me. In those early years of practice, I felt like a foreigner on an untamed, often terrifying, frontier.

As Dr. Peter Rosen observed in his foreword to the first edition of this book, "It is a very curious experience to be part of a history." I'm now lucky enough to be in a position to agree. I became involved in the American Medical Association (AMA) in 1995 as a medical student and, in the ensuing years, deepened my involvement and friendships within this community. As a resident

physician, it was here that I was fortunate enough to meet Dr. John Wiegenstein, who still regularly participated in the Section Council on Emergency Medicine at AMA meetings. Sadly, John's untimely death in 2004 prevented him from seeing one of his own become the first emergency medicine-trained, board-certified physician to serve as trustee, then chair — and finally, in 2015 — as the 170th president of the AMA. I dearly wish John could have celebrated this accomplishment, which was a testament to the hard-fought battles that began nearly 50 years earlier. The concept of an emergency physician atop the house of medicine would have been inconceivable to John and his peers in 1968.

You hold in your hands a treasure for which we owe Brian Zink a great debt of gratitude. Some of the pioneers chronicled in this book have passed, others are elders among us, and many are still in their prime. Through a vivid collection of first-person accounts, Brian has brilliantly captured the inspiring birth, childhood, adolescence, and now early adulthood of emergency medicine. At minimum, I hope the text informs. Better still, I hope it inspires and motivates others to leave their own positive imprint on this amazing specialty. The stories on these pages serve as a heartfelt expression of gratitude to all those who devote themselves to patients in their times of greatest need and fearful vulnerability.

Much has been accomplished, but there is still much more to do. Although emergency medicine is no longer the illegitimate stepchild of the medical family, it remains the front door to a fragmented home. The United States is torn by partisan division that does not spare, and arguably has been inflamed by, its approach to medical care for its people. Universal health care coverage continues to evade the nation, and emergency departments remain, for too many, the only viable access to medical and social services in times of crisis. Nowhere else in our country can a person with no shoes, no shirt, and no money show up, 24/7/365, confident that their concerns will be addressed by a highly trained team of medical professionals.

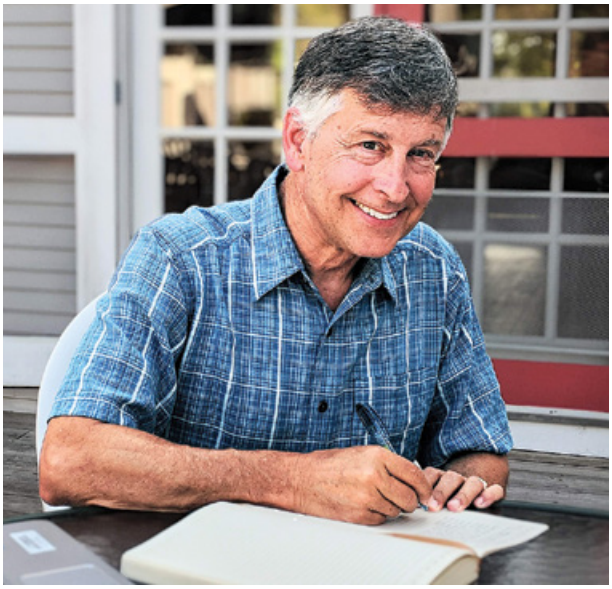
While society continues to be plagued by inexorable debates, soaring costs, and unending challenges evidenced by more than 150 million annual emergency visits, I am confident that the specialty's future leaders will adapt to meet the needs of our patients. Circumstances change, but the guiding principles upon which the specialty was founded remain as true today as they did in the 1960s. As Dr. Kelly Bracket said in the 1974 *Emergency!* episode, "The Bottom Line":

> *Call it morals, ethics, or anything you like, but emergency medicine is specialized. When they need us, they need us right now. They [the public] should call. It's our responsibility to diagnose, not theirs. The average citizen isn't equipped to decipher an MI [myocardial infarction] from indigestion. We are.*

Anyone, anything, anytime — that's the essence of emergency medicine. It's awesome. It's inspiring. And it never fails to bring a smile to my face, and tears to my eyes.

Steven J. Stack, MD, MBA, FACEP
Emergency Physician
Former President, American Medical Association

ABOUT THE AUTHOR

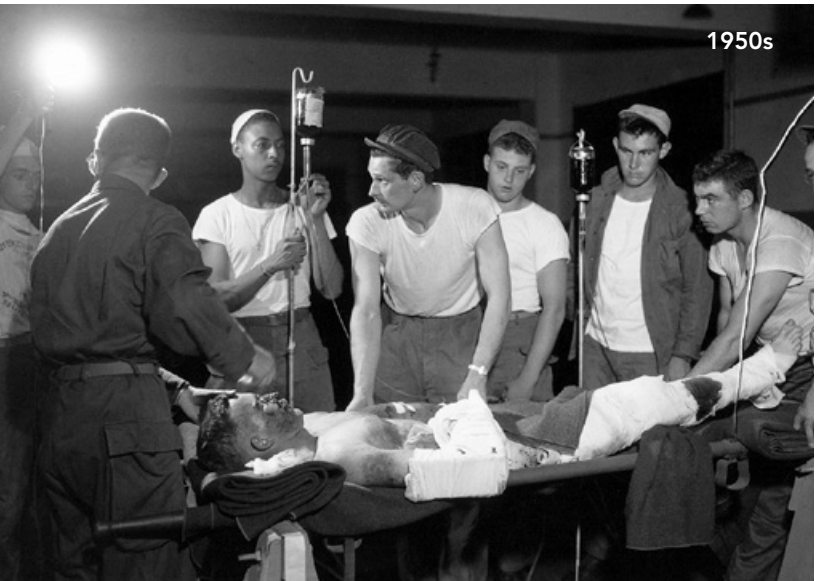


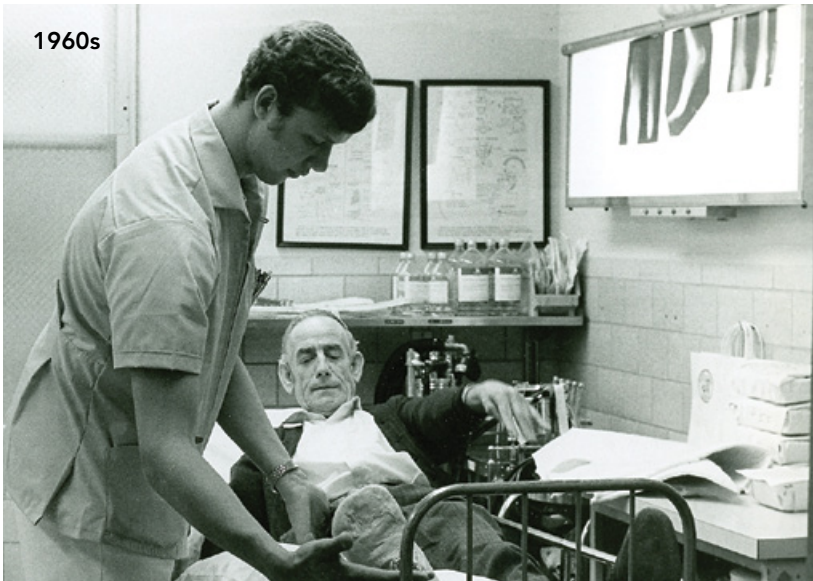
Brian J. Zink, MD, is professor and senior associate chair for education and faculty development in the Department of Emergency Medicine at the University of Michigan Medical School in Ann Arbor. He graduated from Allegheny College and the University of Rochester School of Medicine, and completed his emergency medicine residency training at the University of Cincinnati. In his 30-year career in emergency medicine, he has performed funded research in the effects of alcohol in trauma, has served as associate dean for student programs at the University of Michigan Medical School, and was the inaugural chair of emergency medicine at the Alpert Medical School of Brown University (2006-2018). Dr. Zink was honored to serve as president of the Society for Academic Emergency Medicine (SAEM) from 2000 to 2001 and the Association of Academic Chairs of Emergency Medicine (AACEM) from 2012 to 2013. He founded and is co-director of the SAEM/AACEM Chair Development Program. He has received numerous awards and honors, including the Hal Jayne Academic Excellence Award and the John Marx Leadership Award from the Society for Academic Emergency Medicine, the Outstanding Contribution in Education Award from the American College of Emergency Physicians, and the Distinguished Service Award from AACEM.

TIMELINE

Major Events in US Emergency Medicine (1954–2012)

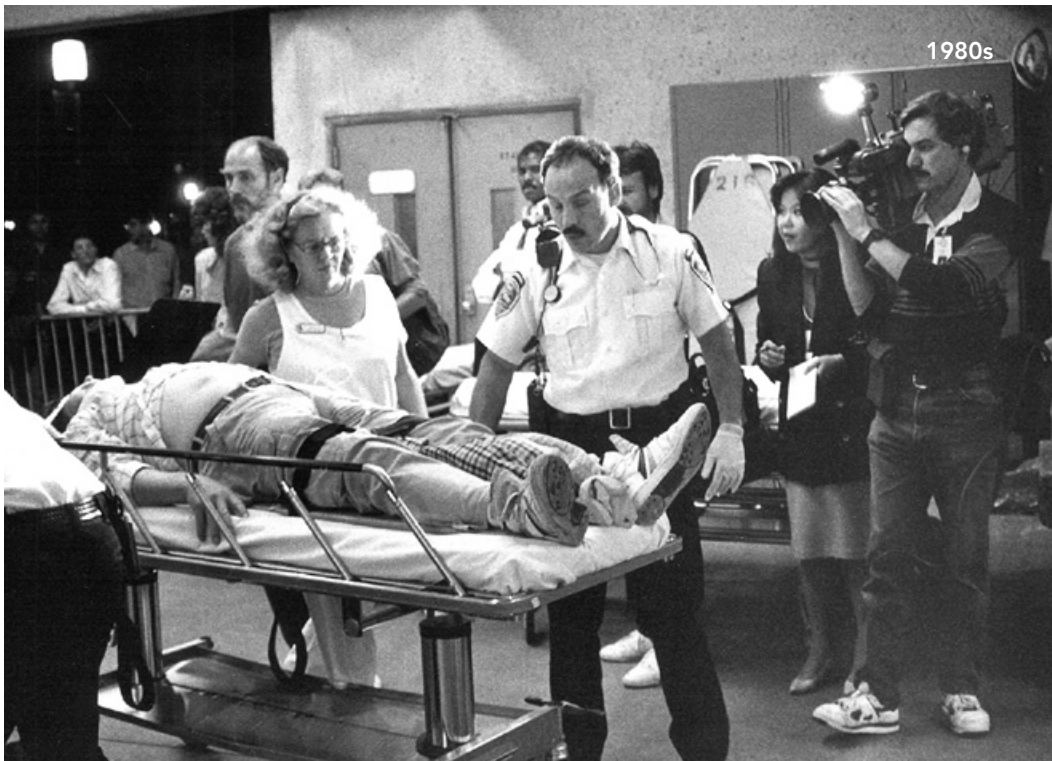
YEAR	EVENT
1954	Robert H. Kennedy, MD, gives the Oration on Trauma, in which he labels the emergency room "the weakest link" in the care of the sick and injured.
	Thomas Flint Jr, MD, publishes *Emergency Treatment and Management*, the first "modern" textbook of emergency medicine.
1961	James Mills Jr, MD, and his colleagues contract with Alexandria Hospital to establish the "Alexandria Plan" full-time emergency practice in Virginia.
	The "Pontiac Plan" part-time emergency practice group incorporates in Michigan.
1965	Medicare and Medicaid legislation is enacted.
1966	The American Medical Association (AMA) publishes *Emergency Department: A Handbook for the Medical Staff*.
	The National Academy of Sciences–National Research Council publishes *Accidental Death and Disability: The Neglected Disease of Modern Society*.
1968	**(August)** John Wiegenstein, MD, and seven other Michigan physicians form the American College of Emergency Physicians (ACEP).
	(November) The first national meeting of emergency physicians is held in Arlington, Virginia, organized by Reinald Leidelmeyer, MD. At the meeting, ACEP is approved as the national emergency medicine organization.
1969	**(February)** ACEP's organizational meeting is held in Chicago, Illinois — supported by the AMA.
	(November) The first ACEP *Scientific Assembly* is held in Denver, Colorado.
1970	**(February)** The ACEP Workshop Meeting is held in New Orleans, Louisiana.
	(March) The University Association for Emergency Medical Services (UAEMS) is established.
	(July) Bruce Janiak, MD, becomes the first emergency medicine resident in the United States (University of Cincinnati).
1971	The first US academic department of emergency medicine is established at the University of Southern California.


1950s


1960s

TIMELINE *(continued)*

YEAR	EVENT
1972	The first issue of the *Journal of the American College of Emergency Physicians* is published.
1973	The AMA hosts the Workshop Conference on Education of the Physician in Emergency Medical Care — "Blue Book" — meeting.
	The Emergency Medical Services (EMS) Act is passed.
	The Emergency Medicine Foundation (EMF) is created.
1974	The Emergency Medicine Residents' Association (EMRA) is formed.
	ACEP forms the Committee on Board Establishment.
1975	The Society for Teachers of Emergency Medicine (STEM) is created.
	The AMA approves a permanent Section Council for Emergency Medicine.
	The Liaison Residency Endorsement Committee is formed.
	UAEMS changes its name to the University Association of Emergency Medicine (UAEM). The new organization is led by academic emergency physicians, not surgeons.
1976	The American Board of Emergency Medicine (ABEM) incorporates.
	The US Health Professions Educational Assistance Act provides funding to train emergency medicine residents.
1977	The American Board of Medical Specialties (ABMS) votes down ABEM's application for establishing a primary board.
	A field test of the ABEM Certification Examination is held in Lansing, Michigan.
1978	The ACEP Special Council meets to discuss developing a modified conjoint board for ABEM.



YEAR	EVENT
1979	ABEM is approved by ABMS as a modified conjoint board.
1980	The first ABEM Certification Examination is administered, and the first board-certified emergency physicians are approved.
1982	The Residency Review Commission for Emergency Medicine is established.
1983	Emergency medicine participates for the first time in the National Resident Matching Program.
1989	ABEM is approved by the ABMS as a primary specialty board.
	The University Association of Emergency Medicine and Society of Teachers of Emergency Medicine merge to form the Society for Academic Emergency Medicine (SAEM).
1990	The Council of Residency Directors in Emergency Medicine is established.
	ABEM approves new subspecialties in pediatrics, sports medicine, and toxicology.
1992	The American Academy of Emergency Medicine forms.
1995	The Macy Foundation report outlines the future role of emergency medicine in American health care.
1996	The Society for Academic Emergency Medicine Research Fund (now the SAEM Foundation) is created.
2000	ACEP creates a rule requiring ABEM/ABOEM certification for fellow status.
2006	The Institute of Medicine releases a report, *Hospital-Based Emergency Care: At the Breaking Point*.
2010	The Patient Protection and Affordable Care Act is passed.
2012	The Office of Emergency Care Research (OECR) is established at the NIH.


1990s


2000s

TABLE OF CONTENTS

Bred by social and political conditions of the mid-1900s, borne out of service needs, and nurtured by a few maverick physicians, emergency medicine was once an outcast — a populist favorite shunned by the establishment. The early emergency physicians were different from leaders in other fields — less educated, less academic, more Midwestern. And as is often the case with those who push the boundaries, these nonconformist, pioneering men and women were interesting characters. They were bold, tireless, sometimes bumbling and fractious. But woven together, their stories trace how emergency medicine — at first, one wrong turn away from dissolution — became one of the greatest success stories in American medical history.

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