Emergency Medicine: What Is It Exactly Today?

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I'm not old enough, in emergency medicine years, to identify with the struggle of those calling for the end of the term "ER." The argument was about the "R" vs. the "D": "It's not a room!" It's a department!" was the war cry. Then perceptions changed, battles were won, and along came the very popular TV show, "ER." The war hawks quieted down. After all, who could argue with the limelight into which our profession was cast? Now a new battle is underway. This fight is not about credibility or legitimacy, but sustainability and identity. It's about the "E."

The "E" can no longer stand for "emergency" at least in a literal sense. Only a minority of time and resource are used to take care of emergencies. Rather, the "E" should now stand for everything. Instead of the classic "emergency room" we now have an "everything department." We can care for your poison ivy or your pulmonary embolism, your chronic migraine headache or your acute myocardial infarction, and most things in between. We can be a one-stop shopping department for a lot of folks, and to paraphrase Jeff Spicoli (Fast Times at Ridgemont High, 1982), we've got an awesome set of tools, we can fix it! The "room for emergencies" has indeed become a "department for everything."

Going further, the"E" isn't just everything, it's everyone. We don't turn anyone away and consequently, the ER should now be the "Everything, for Everyone, Department." The government gets a lot of the credit for this via EMTALA. No insurance? No problem. No ID or passport? No problem. Many folks have no alternative source of timely care, true, and providers and administrators alike don't really want to turn away business – I mean patients. Bring in the poorly managed chronically ill, the low acuity, the work note shoppers, the convenient care seekers, as well as the emergencies. We'll take them all.

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