>> EDITORIAL | Neal Flomenbaum, MD
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Emergency Medicine's 40th Year

The year drawing to a close has been an eventful one for health care in the United States and for emergency medicine. With the continuing financial collapse that began a few months earlier, 2009 began with a whimper, not a bang. A few days before the nation's first African American president was sworn into office, a veteran airline pilot safely landed a disabled commercial jetliner in the Hudson River in New York, saving all 155 people on board. Few would have predicted either of these events, and not many more would have predicted the success of emergency medicine as an academic specialty in the 30 years since it was officially recognized and the 40 years since this journal was established.

In January, I wrote about the success of hospital-based urgent care centers in helping provide timely expert care to patients with acute, but less serious medical and surgical problems, and in February I saw a connection between the remarkable jet landing and the mission of emergency medicine. Still thinking about the jet landing in March, I pointed out the similarity between Captain Sullenberger's ability to instantly take over the controls from the copilot when a catastrophe occurred, and the way experienced attending emergency physicians at the bedside supervise and guide residents through procedures. Our superb example of providing the best patient care and best medical education simultaneously is now being adopted by an increasing number of older, more established specialties.

In April, I took a "walk on the wild side," suggesting that wilderness medicine training be organized to include rotations through the nearby medically underserved rural EDs, thereby helping to develop a new specialty while solving an old problem. In May, I noted that a favorite, albeit fictional, ER would no longer be open to new patients—only to revisits—after its successful 15-year run on prime-time television. For over a decade, *ER* attracted many of the brightest and most capable medical students to careers in emergency medicine.

Continuing to draw inspiration from air travel, I wondered in June why prehospital care does not follow the practice of air traffic controllers who not only dispatch and track departing flights but also guide them to their destinations. Providing ambulance estimated arrival times and information about patients en route to EDs would be invaluable to ensuring appropriate rooms and resources for patients.

In July, I very sadly recorded the passing of a beloved mentor, long-serving *EM* board member, and founding father of academic emergency medicine—Sheldon Jacobson, MD. Shelly always cared for everyone he encountered, in every sense of the word.

In August, I wrote of a recent visit to Toronto that made me acutely aware of the potential dangers of new or unusual viruses, such as H1N1 2009 influenza. Although I predicted insufficient vaccine supplies, so far we have not experienced a second pandemic or widespread resistance to antivirals. September's tentative thoughts on the president's proposed health care reform legislation included my belief that it would not decrease the number of ED patients. Unfortunately, I still see no provisions to adequately increase the number of providers to match the expanded coverage.

Having watched too many "infomercials" over the years, I called the October editorial "But Wait! There's More...." in describing the ever-increasing number of requirements to maintain certification. Finally, in November, following a spate of deadly motor vehicle accidents caused by drivers impaired by alcohol, and mindful of the approaching holidays, I expressed the hope that technology would soon restrain such dangerous drivers who lack the judgment to restrain themselves.

So, at times heroic, tragic, and even funny, the 40th-anniversary year of EMERGENCY MEDICINE was an eventful one—just like all the others. □