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Walking the High Wire

A few weeks ago, for the 11th time since September 11, 2001, we held a memorial service in our hospital chapel to honor our EMTs who perished in the destruction of the World Trade Center. Despite continued interagency bickering and communication lapses that hampered rescue operations that day, this year there were some heartening signs of renewal.

For months now, anyone looking toward the lower Manhattan skyline could see a familiar presence for the first time in more than a decade: a tall stately structure where the twin towers of the WTC once stood. The new tower, One World Trade Center, topped out at 104 stories on August 31, 2012, and is scheduled for completion in 2013. The single structure replacing the twin towers is a majestic building that seems to twist 45° as you follow its lines from its solid base to the top—perhaps an unintentional reminder of how the world permanently changed direction since that day.

Lately, another event in the history of the WTC twin towers frequently comes to mind when I think of where our specialty stands today. Both construction of the WTC and the path that led to the recognition of emergency medicine as a specialty began in the 1970s. Though neither the WTC nor EM was warmly received initially, in a few short years the WTC became an iconic symbol of a vibrant NYC, while the value of EM was widely

recognized. One particular event that occurred soon after completion of the towers seems to have changed people's view of the buildings.

With the help of a friend on the morning of August 7, 1974, French high-wire artist Philippe Petit rigged a wire between the tops of the North and South towers of the WTC and then, aided only by a long, custom-made balancing pole, crossed, re-

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crossed, and danced on the wire, without a safety net, for 45 minutes.

Listening to a live radio broadcast that morning on my way to work as a house officer, I remember thinking that this stunt would probably end with the acrobat falling to his death, almost 1,400 feet below, in full view of the world. Thankfully, that didn't occur that day, but ironically it did occur, several times over, almost three decades later, when the fire on top of



the North tower drove many people out to their deaths below.

The image of Philippe Petit walking a wire between the towers of the WTC may be a perfect symbol for the sometimes solitary emergency physician trying to do a difficult job without losing balance or purpose: helping patients, while avoiding the dangers of tilting too far to the side of either over- or under-treatment, and trying to balance patients' needs with available resources. In the years since the early 1970s, both Philippe Petit, now 63, and emergency physicians have managed to survive. But today, emergency departments, and the hospitals that contain them, are struggling to deal with a staggering set of problems, including rapidly increasing numbers of patients, ambulance diversions, diminishing availability of inpatient beds and outpatient follow-up, inadequate funding for safety-net hospitals, competition from urgent care centers for insured patients, and markedly increased lengths of stay for all.

Following Philippe Petit's high-wire act in 1974, who would have thought that he would survive longer than the tall, solid towers he had anchored his wire to? The emergency physician too, appears to be surviving, though the hospitals and EDs that support emergency medicine activities may soon collapse under the weight of the burdens that have been thrust upon them.

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