



The “Bottom Line”- Part II

Continuing last month’s review of quotes and analogies from past editorials illustrating key points, I found similarities between a scripted exchange from a now famous aviation emergency and a fundamental principle of emergency-medicine practice and resident education. When his aircraft suddenly lost both engines to a flock of geese upon take-off, Captain Chesley Sullenberger immediately took control from his copilot by placing his hand on the controls and announcing “my aircraft.” He then safely brought the plane down on the Hudson River 4 minutes later, saving all 155 passengers and crew on board (“My Patient” *Emerg Med.* 2009;41[3]:5 and *Emerg Med.* 2013;45[4]:1). I wrote: “...for some potentially catastrophic medical occurrences, everything depends on who is operating and who is standing a few feet away, ready to take over the controls on a moment’s notice. Emergency Medicine is one of an increasing number of specialties that have found the resources to adopt the concept of “my patient” at all hours....”

The typical first question on ED patient satisfaction questionnaires is “apart from the wait, how would you rate your overall experience?” To me, this sounded very much like asking “apart from that Mrs Lincoln, how did you enjoy the play?” (“Patient Satisfaction,” *Emerg Med.* 2010;42[7]:5).

Although the Affordable Care Act of 2010 promised millions of Americans access to timely care, there were no provisions to increase the number of health care providers. As a result,

ED visits continued to increase, along with the risk of compromising care due to overcrowding—even in so-called “safety-net” hospitals. “[With] the large and growing number of patients vying for space to land on the safety net, it is inevitable that some will hit the rim or miss the net entirely.”

“A National Disgrace” (*Emerg Med.* 2012;44[8]:2 and *Emerg Med.* 2015;47[7]:292), referred to continuing nationwide medication shortages, recalling “cold war images of empty shelves in Russian supermarkets which still remain vivid reminders of a failed system of government. So who would have predicted that in the 21st-century the mighty United States of America... would have hospital pharmacy shelves bereft of essential medications, including many of the sterile, injectable, crash cart meds that we rely on during resuscitations?”

“A Wintry Mix of Patients” (*Emerg Med.* 2013;45[3]:1 and *Emerg Med.* 2015;47[7]:101) considered the terrible, inexcusable plight of patients who require acute psychiatric inpatient care, waiting days or weeks in EDs for beds. It ended with “as a nation, if we cannot recognize the seriousness of this problem and if we do nothing to fix it immediately, lack of bed [capacity] is not the only lack of capacity from which we suffer.”

“Will You Still Need Me, Will You Still Feed Me...?” (*Emerg Med.* 2013;45[5]:1) called for age-appropriate reductions in EP night shift requirements, pointing out that “the greatest professional baseball players

cannot play professionally in their 50s or 60s...”, and suggested that “staffing and running attached or satellite urgent care centers could utilize the interpersonal and clinical skills EPs have acquired over years of EM practice, while allowing their ED group to maintain financial viability...”

“We Told You So! Now What?” (*Emerg Med.* 2014;46[1]:5 1/14) noted that published data confirmed our prediction that the Affordable Care Act would not reduce the numbers of ED visits; and asked “...why do so many people continue to go to EDs despite the overcrowding and all of the efforts to dissuade them?” The question was answered by paraphrasing ... Winston Churchill on democracy as a form of government: “for many, many people and many, many problems, EDs may be the worst form of care, except for all of the others.”

Finally, in “’Tis the Season” (*Emerg Med.* 2014;46[12]:5), we asked readers if they “would be able to diagnose the first case of Ebola in a febrile patient who has no travel history and presents to an ED during flu season.” Referencing some famous advice to internists who must be able to recognize rare diseases, but more frequently favor more common diagnoses, we suggested that “determining when hoofbeats are caused by a horse and when they are caused by a zebra is one of the most difficult challenges of emergency medicine.”

Before you gallop off on your own horse or zebra, we once again wish you a happy and healthy New Year. ■