

California Medical Association and Emergency Medicine - A Vital Link

Alexis Lieser, MD University of California Irvine School of Medicine,
Department of Emergency Medicine, Orange, CA
Resident Representative, OCMA Board of Directors
Member-at-large, CMA Resident and Fellow Section Governing Council



Every day I am thankful for the privilege of being an emergency physician. Not everybody can do what we do. Not everybody wants to do what we do. Many of us have heard this definition of emergency medicine: “to treat conditions that pose a threat to life, limb, or have a significant risk of morbidity”. I prefer the definition from the International Federation for Emergency Medicine,¹ which in its length alone emphasizes the breadth and depth of our specialty. It states emergency medicine is “a field of practice based on the knowledge and skills required for the prevention, diagnosis and management of acute and urgent aspects of illness and injury affecting patients of all age groups with a full spectrum of undifferentiated physical and behavioral disorders. It further encompasses an understanding of the development of pre-hospital and in-hospital emergency medical systems and the skills necessary for this development.”

We are part of an amazing specialty uniquely positioned to see exactly where healthcare falls apart for our patients and the physicians who take care of them. This is the reason many of us participate in organized medical societies within our specialty, such as American Academy of Emergency Medicine, American College of Emergency Physicians, American College of Osteopathic Emergency Physicians and Society for Academic Emergency Medicine. We want to have a voice in what happens to emergency care and our patients in a chaotic healthcare system. During my residency, I have been fortunate to represent California state medical residents as a part of the California Medical Association (CMA) Resident and Fellow Section Governing Council and medical residents of Orange County as the resident representative to the Orange County Medical Association Board of Directors (OCMA). Through this experience came the realization that we are needed not just within our specialty but on behalf of patients and physicians in general.

The CMA held its first meeting in 1856. The founding physicians had a lot in common with emergency physicians today. They diagnosed and treated medical conditions, such as cholera, encephalitis, typhoid and smallpox, that became prevalent during the California Gold Rush in 1849, and they did it with limited information, limited time and limited resources. After seeing a need for an organized medical society, they dedicated their organization to “promote the science and

art of medicine, protection of public health, and the betterment of the medical profession.”² Early accomplishments of this group included, establishing the state public health department and requiring vaccinations for all school children. They also began looking at how to fund healthcare for the poor as far back at 1930, clearly an issue we are still struggling with today.

In the modern era, CMA members enjoy benefits such as physician advocacy, medico-legal resources, regulatory advocacy, reimbursement advocacy and emergency medicine specific resources such as a balance billing toolkit. The organization fights yearly to protect California’s landmark Medical Injury Compensation Reform Act of 1975 (MICRA) and sponsored legislation leading to the Steven M. Thompson Loan Repayment Program for repayment of medical school loans in exchange for service in underserved areas.

More importantly, CMA strives to continue the mission of its founders. It now represents 35,000 physicians from every specialty and is subdivided into county medical societies that represent local issues. Our voice as emergency physicians is powerful but our voice joined with thousands of other physicians is unmatched. In an era in which the term “healthcare reform” is part of the common vernacular, now is the time to be heard. We may not agree on specifics, but legislators need to hear our united message that physicians want to participate in forming a system that works for our patients. Emergency physicians are natural spokespeople and patient advocates. Our personal stories from the emergency department often involve life and death and frequently highlight the inadequacies in the current healthcare system. I urge all physicians to join and actively participate in groups such as the CMA, not only for our patients but for the betterment of the medical profession those who came before us envisioned.

REFERENCES

1. International Federation for Emergency Medicine. About IFEM: IFEM definition of emergency medicine. 2008. Available at: <http://www.ifem.cc/about/about.htm>. Accessed July 14, 2009.
2. California Medical Association. About CMA. Available at: <http://www.cmanet.org/publicdoc.cfm/10/1>. Accessed July 14, 2009.