

2007

# The birth of a new specialty: the history of emergency medicine in Canada

Elyas, Remon

---

Elyas, R. "The birth of a new specialty: the history of emergency medicine in Canada". The Proceedings of the 16th Annual History of Medicine Days, March 30th and 31st, 2007 Health Sciences Centre, Calgary, AB.

<http://hdl.handle.net/1880/47538>

*Downloaded from PRISM Repository, University of Calgary*

**THE BIRTH OF A NEW SPECIALTY: THE HISTORY OF EMERGENCY MEDICINE  
IN CANADA**

by

**Remon Elyas**  
Queen's University

Preceptors: Dr. J. Duffin and Dr. S. Sookram

**Abstract**

**Modern-day emergency rooms across Canada have almost completely transformed over the past 30 years; perhaps more so than any other specialty. Before the 1970s, it was primarily general practitioners working on a part-time basis who ran our emergency departments. Some hospitals used interns and residents as first-line emergency care providers, often under the direction of a surgeon or internist. Emergency Medicine has evolved into a highly sophisticated and respected medical specialty that extends beyond clinical medicine, into both research and academia. The appeal of Emergency Medicine is so great that it is now one of the most sought after specialties in the annual CaRMS match. The success story of Emergency Medicine is characterized by the tireless efforts and determination of its founders across the country. They fought for adequate and supervised care of the acutely ill or traumatized patient, believing in a special body of knowledge that should be available to physicians who spend most, if not all, their time in Emergency Departments. In 1977, these founders formally united and The Canadian Association of Emergency Physicians was born. A few years later, in 1980, Emergency Medicine was finally designated as a free-standing specialty by the Royal College of Physicians and Surgeons of Canada. Meanwhile, the College of Family Physicians of Canada also sought to establish a parallel route for Emergency Training of Family Physicians, feeling that Emergency Medicine lay within the realm of Family Medicine. The result was that both colleges established Emergency Medicine training programs that exist until this day.**

**Using journals, archives, a survey and interviews, the paper will trace the history of the professionalization of Emergency Medicine in Canada.**

## **Introduction and Background**

Within the past 30 years, Canadian medicine has seen the rise of a new specialty: Emergency Medicine. We have highly-trained career Emergency Physicians dedicated to emergency care, ranging from smaller community hospitals to large urban centers (6). My research is based on the medical literature and interviews with key players in the movement. It is ongoing, but this paper will touch on a few key events, introducing some of the major players and some of the discussions, challenges, and important decisions surrounding the formation of this discipline.

Developing this new medical entity was not an easy task. Much is owed to the many “Pied Pipers” of Emergency Medicine who identified the growing demand for adequate emergency medical care provision. Despite some resistance along the way, they continued to pursue the recognition that they believed the specialty deserved.

These pioneers and their successors took emergency medicine beyond the boundaries of the emergency department into the community, universities, government and the world of research with contributions to the practice of evidence-based medicine (6).

The early days of Emergency Medicine are relatively recent, allowing the opportunity to gather first-hand observations and opinions of that era. Dr. Bruce Rowat, an Emergency Physician in Toronto, is honoured to have been part of medical history, as are, I am sure, the other key players of this initiative.

There aren't many of us around in Canada who had the privilege of being involved in the birth of a new specialty, it was rather exciting. To some people, it would have been viewed as daunting, but for the personality in emergency medicine, we viewed it as a challenge. (18)

## **Emergency Medicine: A Much Needed Service**

Over the past 30 years, the structure and care provided in emergency departments has changed tremendously; arguably more so than any other specialty. This growth was initiated by first identifying the need for special training in urgent care. The emergency department had evolved into the site for stabilization of critically ill or injured patients (6). It has become the clinical investigation unit of the undifferentiated patient. In addition, it is the portal of entry for the ill and injured patient's entry into the hospital system. As such, emergency medicine became a discrete and new entity (22).

Emergency care after WWII was provided by General Practitioners on a part-time basis as a part of their practice (8). In some of the academic centers, the emergency

departments were staffed by interns and residents training in the provision of urgent care, with on-call specialists who may or may not have had much emergency experience (6).

As early as 1958, the concept of a specialist in emergency medicine appeared when the Royal College established a Committee on Trauma. The Committee expressed their concern about the level of care that was being rendered in emergency departments, stating that it “falls far short of the high quality of treatment in other areas of health care” (16). However, the committee remained relatively inactive (20 p.98). In 1971, five Fellows of the College expressed their concern with respect to emergency medical services. This movement stimulated the reconstitution of the Committee on Trauma; now renamed the Committee on Emergency Care. The Committee believed that formal training requirements, examinations, and certification in Emergency Medicine needed to be developed. One year later, in June of 1972, the Council of the Royal College passed the motion that the concept of a specialty of Emergency Medicine be accepted. The Council knew that by doing this, it would encourage the Committee on Emergency Care to further examine the need for improved emergency care (16).

### **The Creative and Motivated Pioneers of Emergency Medicine Come Together**

Dr. Bruce Rowat nicely describes one of the main reasons why Emergency Medicine saw the growth and development that it did late in the 20<sup>th</sup> century. It appealed to certain personality types:

Emergency Medicine at its beginnings attracted an individual who was following the path less followed – it wasn't someone going into a defined specialty, it was someone who was going into something that didn't exist at the time. That attracted a certain creative type personality; individuals who had maybe a slightly different take on what they wanted to do as doctors. And like any pioneer, there are certain characteristics that define [them]...who are willing to take risks and who are willing to go up against the establishment and to push the agenda of the development of the specialty. (18)

The pioneers of Emergency Medicine were unique individuals who wanted to address the needs of their community, and they were up against years of traditional medical practice. What they first needed to do was unite and literally get a name for themselves.

During the 1970s, we were starting to see full-time physicians staffing the emergency departments. They consisted of some new medical graduates, some family physicians, and some with certification or training in another specialty (6). However, during this time, some physicians had already started to receive training specific to Emergency Medicine. By 1969, at the Royal Victoria Hospital in Montreal, a 2 year post-internship programme was developed under the aegis of Dr. Ed Monaghan (10, 18). This

programme was only the 2<sup>nd</sup> training programme ever approved by the American College of Emergency Physicians, with the 1<sup>st</sup> being at the University of Cincinnati. Clearly Dr. Monaghan was a leader in the trend (18). As more and more physicians graduated from this new program, proponents of emergency medicine were being seeded in major centers across the country. To name a few, Dr. Bruce Rowat went to Toronto General Hospital, Dr. Greg Powell went to the Foothills Hospital in Calgary and Dr. Jim Ducharme went to the Queen Elizabeth Hospital in Halifax: they were off! (10)

Several of these physicians, and others, started to unite development this specialty during that era. This first started at annual American College of Emergency Physicians (ACEP) meetings, where they met to discuss issues relevant to Canada. In fact, they formed an Ontario chapter of ACEP, and Canadians used the facilities and programs of ACEP for their academic and organizational efforts (6, 19). The initial work within ACEP provided the framework and inspiration to found an equivalent body in Canada. It also facilitated the formation of a community of like-minded individuals who could begin working together to enhance the provision of emergency medical care in Canada.

Dr. Albert Scholtz, an Emergency Physician in Vancouver, was a key player during this time, and recalls:

...my wife helped me lick stamps when we sent out a letter to all Canadians on ACEP mailing lists, asking how we should organize emergency medicine. (19)

The Canadian Association of Emergency Physicians (CAEP) was finally established in 1977. Dr. Dennis Psutka of Hamilton was elected as the first president of CAEP, and a constitution was established. The inaugural meeting was held in Toronto in 1978, in conjunction with the annual meeting of the Ontario Assembly of Emergency Care meeting. Canadian physicians practicing Emergency Medicine, as well as students and staff interested in Emergency Medicine, now had a representative body. This was a huge step towards the recognition of Emergency Medicine as a distinct medical specialty. By 1982, the CAEP membership rose to about 400 people (6).

### **Meeting Resistance and Establishing a Unique Identity**

The formation of CAEP, an established representative body, was a monumental achievement, but it was not the only goal of the founders. They were aiming for distinct specialty status with formal certification in Canada (6).

This concept was met with resistance both from within the world of Emergency Medicine, and from outside. It is remarkable, but some of those opposing beliefs still exist today. Some members of other specialties resisted the idea because they saw

physicians working in emergency departments as journeymen, not as equals. They were thought of as the lowest rung on the academic ladder (22). Essentially, they were considered to be “Casualty Officers,” or “Cos,” lacking a real career in medicine, and simply wanting to earn some money. Thus, it tended not attract the more academically-inclined or status-conscious physicians. In addition, it was relatively poorly paid (19). Many opposing specialists had only a minimal familiarity with emergency practice, having only spent as little as 1 month in the emergency department as an intern. Dr. Rowat thus initially believed that education was important and that “if everyone had the facts, we’d be in agreement.” However, his view on this issue changed over time as he met continued resistance:

I think now, I believe, yes you have to educate, but after 2 or 3 times around, there may still be disagreement. That’s the way the human brain operates - we operate on different principles, and what we think is important and the way we interpret the same facts might be very different. (18)

Medicine was, and still is, conservative and resistant to change, so educating the medical world and important organizations took many years of lobbying. Dr. Greg Powell describes these efforts as a “Travelling Road Show,” run by the original CAEP executive: Dr.’s Dennis Psutka, David Walker, Rocco Gerace, Albert Scholtz and himself. They called themselves “the Gang of Five,” beating the drums of Emergency Medicine (13). Obtaining recognition and support from governments, medical associations, hospitals and communities was very difficult; they seemed to remain “underneath the radar” of key institutions (24). However, the actual practitioners in the field were keen on the project from its inception. It was, as the Dean of Queen’s Health Sciences, Dr. David Walker puts it, a “slam dunk” and the timing was just right. At the 1<sup>st</sup> annual CAEP meeting in Toronto (8), the executive was astonished at the interest from physicians from far and wide. Dr. David Walker describes the setting as:

... it was like if you were an old car enthusiast and you’ve never found anybody else who liked old cars until you show up to this meeting, and you find hundreds of people with the same love as your own. I mean, it was probably, to me, one of the most exciting things in the development of this discipline, was when we suddenly got together with everyone else. We discovered that Mary in Halifax and John in Red Deer did what you did and was excited by what you did, and vice versa ... it was a real gathering of a clan, and our annual meetings started with a bang and never stopped. (23)

## **The Pathway to a Shared Medical Specialty**

In 1972, the council of the RCPSC first accepted the concept that Emergency Medicine be granted specialty status, which was proposed by the Committee on Emergency Medical Care (6, 23). Soon after, in 1975, the College of Family Physicians of Canada (CFPC) expressed their interest in Emergency Medicine as well (23). This was the start

of a rather contentious period between members from both of these colleges, and attempts at resolution were beginning.

In 1976, a tripartite meeting was held, which involved the RCPSC, the CFPC, and the Association of Canadian Medical Colleges. The purpose of this meeting was to discuss Emergency Medicine training and certification (20 p.131; 23). It was decided at this assembly that in order to involve both colleges, a Conjoint Committee be formed (6, 20 p.131; 23). This committee was formed by members representing the RCPSC and the CFPC, and discussion was initiated regarding how Emergency Physicians would be certified (6).

One year later, the Conjoint Committee instituted a short-lived form of certification. They decided that RCPSC- or CFPC-certified physicians who had received extra training in emergency medicine would receive a certificate of special competence issued conjointly by both colleges (23). In theory this measure may have seemed like a peaceful, reasonable solution, it was quickly met with resistance and died in 1979. CAEP and other groups, including the Canadian Association of Interns and Residents, and representatives from medical schools, rejected the new resolution (23). In 1979, another tripartite meeting took place, consisting of the RCPSC, the CFPC, and representatives from all medical schools. They decided that Emergency Medicine should be a unique discipline, in need of no prior certification requirement (12). In response to this, the Conjoint Committee envisioned the development of a Conjoint Board of Emergency Physicians, which would be responsible for establishing training, examination, and other aspects around a primary certification in Emergency Medicine. Nevertheless, the Conjoint Committee failed to resolve the underlying tug-of-war between the 2 colleges, and neither college supported the proposal (6, 23). The Royal College Committee on Emergency Medical Care instead unanimously recommended that Emergency Medicine be a free-standing RCPSC specialty in 1980. Despite concern about creating more conflict between the CFPC and the RCPSC, the Royal College Committee on Specialties, after extensive debate, approved the recommendations (23). They supported the concept of a new Royal College specialty, feeling that there really was an adequate knowledge base or scientific structure to warrant a new specialty (18). Thus, in June of 1980 Emergency Medicine was granted specialty status by the RCPSC. A new specialty committee was then formed under the division of Medicine of the RCPSC, and Dr. Greg Powell was the first member (6).

In contrast, the CFPC believed that emergency training and the provision of emergency care was within their realm (8, 23). After all, family doctors had been providing the bulk of care in emergency departments across the country for years (6). According to Dr. Donald Rice, a great leader in Family Medicine, the CFPC believed that Emergency Medicine should be considered an extension of Family Medicine. He claimed that the cases that present to emergency departments involve issues related to primary care

medicine, and the vast majority of cases are not life-threatening. Therefore, the CFPC was of the opinion that society would be better served by physicians with a foundation in family medicine, who had additional training in the management of life-threatening emergencies (17). Dr. Peter Lane, a strong advocate of Royal College certification for Emergency Medicine, counters this argument by comparing it other specialties, such as Obstetrics and Gynecology. He argues that although most obstetrical cases are straightforward, specialists are needed to manage cases beyond the scope of a family physician, and that simply providing some additional knowledge and skills is insufficient (9).

Needless to say, CAEP, the representative body for all physicians providing emergency care, was in turmoil (8). Many felt that Emergency Medicine was rightfully within the sphere of Family Medicine. However, CAEP was seen as an organization that was developed and enhanced by individuals with a bias towards Royal College certification. As a result, some physicians left the organization. In response to this dissension, in 1987 CAEP changed its constitution to address both the needs of specialist Emergency Physicians, as well as members of the CFPC practicing Emergency Medicine (8).

While both bodies were in favour of special training, the views of the RCPSC and the CFPC remained in opposition, and both colleges ended up developing completely independent streams of Emergency Medicine training and certification. In 1980, the RCPSC established a Specialty Committee on Emergency Medicine, and Dr. Ed Monaghan was chairman. Objectives, education methods and requirements, and evaluation procedures were established, ultimately resulting in a five-year Royal College training program (10). The first Royal College examinations for the certification of Emergency Physician specialists took place in 1983 (23, 2). But in a parallel stream, the CFPC decided to develop their own certificate of special competence in Emergency Medicine in 1980, and their first certification exam in was in 1982 (8).

Although both colleges had failed to come to a consensus, they finally reached a system that was functional and was producing specially certified Emergency Physicians. As Dr. Douglas Sinclair put it:

One of the most eventful decisions made in our specialty occurred in 1982, when the College [of family physicians] and the Royal College 'agreed to disagree' and developed two separate routes of certification in Emergency Medicine. We are living with that decision 25 years later. (21)

## **The Rise of Emergency Medicine**

All was not said and done once Emergency Medicine achieved the status as a Royal College specialty. Emergency Medicine was considered a new concept, and was unproven. In other words, it had yet to be demonstrated that society was receiving a

better service because emergency-trained physicians were managing emergency departments (7). Furthermore, during the early years of this new specialty, some problems started to surface. Investing in an Emergency Medicine specialty needed to be revisited. In 1986, a Task Force on Emergency Medicine was put together by the Royal College under the leadership of Dr. John Ruedy, and included Drs. David Walker, Bruce Rowat, Trevor Seaton and Jo Cassie. The role of this task force was to review the development of Emergency Medicine as a Royal College specialty. This group of physicians traveled together to different centers across the country, interviewing program directors in Emergency Medicine (16). Dr. John Ruedy's final report in 1988 convinced the Royal College that Emergency Medicine did, in fact, consist of an independent body of knowledge and that training and evaluation was occurring at the level of a Royal College specialty. Emergency Medicine was deemed worthy to remain a Royal College specialty (18, 16). As Dr. Bruce Rowat puts it:

We were able to convince the skeptics at the Royal College on the basis of the report that yes this was important and that yes we were here to stay. This is an example of how nothing is ever settled. You think you got it settled, and low and behold something is getting questioned again and here we go all over again. And if you don't have senior people in your specialty, all of this is new. They haven't been through those wars, they don't know the history. They're unable to say 'yes, we've seen this before'. (18)

Attesting to the vulnerability of Emergency Medicine as an academic pursuit, this was the first and only national review of a specialty that the Royal College had ever implemented (5, 2).

Despite some challenges encountered along the way, Emergency Medicine has exploded into one of the most sought after specialties. It attracts a large number of strong applicants to the annual CaRMS match, and has been an oversubscribed specialty for many years (3). There are many reasons for this growth, some of which have already been discussed. One undeniable reason for the popularity of Emergency Medicine has also been from the media, in particular, NBC's "ER" (24). The viewing public began to understand and admire the provider side of emergency medicine; they could see the challenge of "bringing order out of chaos" (24). "ER" was first aired in 1994, which was around the time that physicians such as Dr. Sunil Sookram were going through medical school. In addition to the icons he had at Queen's, he admits that this show was also one of his inspirations (22). According to results from the American Resident Matching Program for 1994 and for 1997, the percentage of US senior students entering the match applying to Emergency Medicine went from 4% to 5.2% (1, 15).

The history of CAEP influenced the evolution of Emergency Medicine. Now a large organization, it offers membership to both groups of Emergency Physicians, as well as to Family Physicians who work in emergency departments without formal Emergency Medicine training. CAEP has been a strong voice in terms of public and political

awareness, and has established a high profile in media and political groups on issues that are important to the public. For example, CAEP made proposals to the government committees drafting legislation for impaired driving and for gun control (7). CAEP now corresponds with Provincial Governments engaged in solving the current crippling issue of emergency department overcrowding and bed shortages, resulting in patient admissions being warehoused in emergency departments. CAEP has also evolved into an academic society so that research is mostly presented at CAEP annual meetings, rather than at Royal College meetings (7).

No longer the “Gypsies” or “Carpet Baggers” of the hospital, Emergency physicians gain recognition of their discipline through research (14). Now the pendulum has swung in the opposite direction. Expectations are higher - sometimes too high. More and more, Emergency Physicians are caring for in-patients, which some argue is beyond their scope of practice (7).

Despite the ups and downs that Emergency Medicine has encountered and is still encountering, it has come a long way from its beginnings as a department run by part-time general practitioners. It is now a highly sophisticated and respected medical specialty that extends beyond clinical service, into research and academia. Some pioneers left their mark not only in the field of Emergency Medicine, but also in other areas. Dr. David Walker is a former president of the Ontario College of Physicians, and is now the Dean of an illustrious medical school. Dr. Gregory Powell was made an Officer of the Order of Canada in 2006. Dr. Rocco Gerace is the Registrar of the Royal College of Ontario, and the list goes on. Given their vision and drive, it is not surprising that the champions in Emergency Medicine would also hold prestigious positions in the overall sphere of medicine. Dr. Gene Dagnone, who was a central figure in these efforts, describes the mentality and attitude of some of his colleagues at the time:

They said ‘I’m going to take this as my profession and I’m going to develop it, push it, and fight for it’. They committed their time, their efforts, and the strengths of their personalities to lobby and insist on what was needed. (4)

## References

1. Beran R and Creighton K. Results of the National Resident Matching Program for 1997. *Academic Medicine* 72:560-562, 1997.
2. Boales T. RCPSC. Email Correspondence. March 20<sup>th</sup>, 2007.
3. Canadian Residency Matching Service. Match Report. 2002-2006. [www.carms.ca](http://www.carms.ca).
4. Dagnone E. Interview. Conducted November 23<sup>rd</sup>, 2006
5. Gerace R. Interview. Conducted October, 2006
6. Gilkinson T. The Changing Role of the Emergency Physician in Canada. Lecture.
7. Gilkinson T. Interview. Conducted February 2<sup>nd</sup>, 2007.

8. Johnson R. The Canadian Association of Emergency Physicians. *The Journal of Emergency Medicine* 11:362-364, 1993.
9. Lane P. The Future of Emergency Medicine... Again! *Canadian Association of Emergency Physicians Review* 2(2): 44-45, 1981.
10. Monaghan E. Interview. Conducted February 28<sup>th</sup>, 2007.
11. O'Connor M. The Role of the Television Drama ER in Medical Student Life: Entertainment or Socialization? *Journal of the American Medical Association* 280(9): 854-855, 1998.
12. Powell G. Canadian Emergency Medicine: Its Past and its Current Status. *The American Journal of Emergency Medicine* 2(2):171, 1984.
13. Powell G. Interview. Conducted August 31<sup>st</sup>, 2006.
14. Psutka D. Interview. Conducted February 23<sup>rd</sup>, 2007.
15. Randlett R. Results of the National Resident Matching Program for 1994. *Academic Medicine* 69:508-510, 1994.
16. Reudy J, Seaton T, Walker D, Rowat B and Cassie J. Report of the Task Force on Emergency Medicine: RCPSC Accreditation Section, 1988.
17. Rice D. La Certification en Medecine D'Urgence: Menace ou Promesse pour les Medecins de Famille? *Canadian Family Physician* 27 : 376-377, 1981.
18. Rowat B. Interview. Conducted February 4<sup>th</sup> and 18<sup>th</sup>, 2007.
19. Scholtz A. Interview. Conducted September 26<sup>th</sup>, 2006.
20. Shephard D. *The Royal College of Physicians and Surgeons of Canada, 1960-1980*. Royal College of Physicians and Surgeons of Canada. Ottawa, 1985.
21. Sinclair D. Email correspondence. February 5<sup>th</sup>, 2007.
22. Sookram S. Interview. Conducted October 16<sup>th</sup>, 2006.
23. Walker DMC. History and Development of the Royal College Specialty of Emergency Medicine. *Annals Royal College of Physicians and Surgeons of Canada* 20: 349-352, 1987.
24. Walker DMC. Interview. Conducted September 14<sup>th</sup>, 2006.