

## Emergency medicine in Italy today: just like the USA in 1968

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We were impressed by an article recently published on the American College of Emergency Physicians website, titled “The ACEP logo: what it really means” [1]. When Art Auer designed the well-known logo, the missing square among the 64 represented the absence of emergency medicine from the framework of organized medicine in the USA in 1968. Bitter to observe, today, SIMEU—the Italian Society of Emergency Physicians—deserves such a logo even more than the American College.

Since its origin, the SIMEU statute declares the aim of “promoting and supporting the foundation of the Specialization School in Emergency and Urgent Medicine,” so trying to modify an anomalous situation in which emergency physicians working in Italian emergency departments (EDs) are not specialists (contrary to many countries worldwide, and contrary to a definite EU directive dating back to 1998). When, in 2006, the Italian Ministry of Education instituted the Specialization School, it seemed to be a success. Nevertheless, the school does not exist yet, and the most important reason for this is the stiff opposition from anesthesiologists and their scientific societies (AAROI

and others). Legal petitions, a sit-in in front of the building of the Ministry of Education, and a one-day national strike of anesthesiologists (the closure of operating rooms) were carried out in the past few months to protest against the creation of the Specialization School.

The reasons for this strong opposition are explained in several documents produced by the AAROI: it is reported that “emergency medicine is not a medical discipline but a mere organizational task” that needs different specialistic interventions, but does not need the creation of an “omniscient specialist.” A strong concern is expressed about “the loss of quality” and the “confusion of professional roles” that will result from the institution of the Specialization School [2].

It seems that 40 years of emergency medicine in the USA, and some decades in Europe, never existed. The question appears to be cultural: emergency physicians know that their “niche is more related to timing, location, and access to care rather than ownership of a specific organ system or set of diseases” [3]: is it enough to justify the rising of an academic entity like a specialty? We think yes, but anesthesiologists answer no, so forgetting the role of emergency physicians worldwide in the management of emergencies from both organizational and clinical points of view.

Furthermore, another hidden reason for opposition lies beyond the cultural one, and it reveals itself when the AAROI expresses its concern about competencies such as mechanical ventilation, intubation, venous central catheterisation, and the control of the local Emergency Medical

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Services (EMSs; the so-called “118”) and of EDs. The hidden and strongest reason for opposition is the corporate defense of a predominant position that now, for example, allows anesthesiologists to control 80% of local EMSs in Italy, and the fear of losing the power conferred by the monopoly on some manual skills.

Italian emergency physicians continue with the struggle for the acknowledgment of their professional and academic dignity, but still today (like the USA in 1968), they sadly represent the anachronistic “missing square” in the framework of organized medicine in Italy.

## References

1. American College of Emergency Physicians (2008) ACEP website. The ACEP logo: what it really means. Available online at: <http://www.acep.org/aboutus.aspx?id=34890>, accessed 1 Jan 2008
2. Gattinoni L, Carpino V, Marrano G, Pasetto A (2007) Perché siamo contro l’istituzione della Scuola di Specializzazione in Medicina di Emergenza Urgenza. Available online at: [http://www.aaroi.it/Pagine/documenti/dal\\_primo\\_piano\\_archivio/dal\\_primo\\_piano\\_2007/perche\\_siamo\\_contro.pdf](http://www.aaroi.it/Pagine/documenti/dal_primo_piano_archivio/dal_primo_piano_2007/perche_siamo_contro.pdf), accessed 15 Jan 2008
3. Neumar RW (2007) The Zerhouni challenge: defining the fundamental hypothesis of emergency care research. *Ann Emerg Med* 49:696-697