

Correspondence

We will try to publish authors' responses in the same edition with readers' comments. Time constraints may prevent this in some cases. The problem is compounded in the case of a bimonthly journal where continuity of comment and redress is difficult to achieve. When the redress appears 2 months after the comment, 4 months will have passed since the original article was published. Therefore, we would suggest to our readers that their correspondence about published papers be submitted as soon as possible after the article appears.

Emergency Medical Services

To the Editor: Stripe and Susman deserve praise for their article in the September-October 1991 issue of the *Journal* comparing rural and urban emergency medical services (EMS) systems.¹ Most of the EMS research and literature come from medium and large cities with well-established and very busy EMS systems. Emergency physicians generally have taken the leadership role in these systems.

Rural EMS is different from urban or even suburban EMS. The authors have shown very clearly what these differences are in an EMS system with both rural and urban areas.

Because the most qualified physicians to provide medical control of EMS services in rural areas are often family physicians, EMS training should be available to family physicians in rural areas. Many family physicians (this correspondent included) learned emergency management with on-the-job training over several years. The experiential approach has led to several national courses for EMS physicians.

The Base Station Physicians' Course developed by the American College of Emergency Physicians (ACEP) trains physicians to provide on-line medical control over the radio or telephone. This course is geared toward the physician who is just beginning to provide on-line medical control to paramedics and emergency medical technicians (EMTs). It familiarizes the physician with basic concepts of EMS, pre-hospital protocols, and radio communications skills.

The EMS Medical Directors' Course sponsored by the National Association of EMS Physicians (NAEMSP) and the Florida chapter of ACEP is a 2-day course to train physicians interested in the art and science of being an EMS medical director. This course covers such topics as quality assurance, education of prehospital care providers, interactions with management, personnel, protocol development, and political issues in EMS.

NAEMSP was started several years ago by a group of physicians interested in the development of emer-

gency medical services and in furthering EMS pre-hospital care. Since that time, it has grown to an organization of more than 850 physicians, paramedics, EMS directors, and other EMS professionals.

NAEMSP has reached a critical juncture in its growth as the leading society of EMS physicians. The organization has developed a creditable journal, *Pre-hospital and Disaster Medicine*, a computerized database of EMS references, and consensus documents covering such diverse areas as EMS medical control, communications, priority dispatching, and ethical and legal issues in prehospital care.

Family physicians involved with EMS should become members of NAEMSP. The organization is dedicated to serve all EMS physicians regardless of their specialty. The rural EMS section is looking for interested physicians to join its ranks. There is a need for closer communications and collaboration among rural EMS systems to do the research needed to answer questions unique to the rural EMS scene: Should MAST pants ever be used on rural trauma victims? Should thrombolytic therapy be begun in the field when anticipating prolonged transport times? Any one system would have a difficult time generating the numbers of patients needed to perform the outcome studies that will answer these questions.

Family physicians are providing leadership roles in rural EMS because they happen to be in the "right place at the right time." Some are volunteers working with volunteer services, which have their own unique set of problems. It is important for all of us to discuss our common problems and find solutions in a common forum. We urgently need to increase the number of EMS physicians who are involved in this organization. The EMS community (EMTs, paramedics, dispatchers, and state EMS officials) is seeking physician leadership and input into national EMS issues.

Katie Stage is our executive director. Her office in Pittsburgh is also home to *Pre-hospital and Disaster Medicine* and the EMS database. You can call the office directly and speak with Katie at 800-228-3677 or write to her at 230 McKee Place, #500, Pittsburgh, PA 15213, and tell her you want to join.

NAEMSP looks forward to more active participation from family physicians who are involved in providing physician leadership in EMS.

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References

1. Stripe SC, Susman J. A rural-urban comparison of pre-hospital emergency medical services in Nebraska. *J Am Board Fam Pract* 1991; 4:313-8.