

Changing Times

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The times, they are a changin'. This Bob Dylan tune never has been more appropriate than it is today. Change is everywhere. Change happens. Change affects each of us everyday. Change is unavoidable. Where change isn't, it will come. We create it. Sometimes it is pursued, other times it is mandated. Some people thrive on it, some are overwhelmed by it.

Change is wonderful, particularly when to us, it seems positive—when it seemingly is for the better. It always seems more positive when it affects someone else. From the outside, change seems interesting, exciting, and refreshing. It piques our interest, fuels our imagination, fosters our creativity. Change creates wonder. We are drawn by change.

The times, they are a changin'. For each of us, the perception of change changes when we are part of the change. Then, change becomes frightening. No matter what the objective, it jolts us back to times of insecurity. When change involves us, it carries with it a sense of loss of control. When some control is lost, we are provoked to respond—to regain control. It provokes anger, fear, and uncertainty. We want to maintain the status quo, to return to the more secure old ways—which suddenly don't seem so bad. Even though we complained and complained, the old ways worked! We begged for change, and finally it is here. But what occurs certainly is not exactly what we had wished for and certainly what occurs is not happening in the way we imagined. We posture and resist. We are angry at the perpetrators. "If it isn't broke, why fix it?" And we even are angry for not being involved—for being passive: "They wouldn't have listened anyway." Change is good for others, but why me? It strikes terror in our hearts. Change is uncomfortable. Change is for someone else.

The times, they are a changin'. No matter how much we wish for change to occur, change creates pain. Will the change be worth the pain? What will it cost? Is it worth it? For whom? The changes that are occurring elsewhere in this world seem wonderful and right to many of us. But for those involved, no matter how much a change is desired, it will be painful. Is it worth dying for a change to greater individual freedom? Is it worth enough to be hungry—for a long time? If so, for how long? Our brethren involved in changes are hurting and will hurt more. We must respect their desire to change and as health care providers and persons who care, we must try to ease the pain associated with the changes. The changes that will occur in this decade will be expensive—humanly expensive. No matter which definition of disaster we choose, the human disaster continues daily and is bound to get worse before it all gets better. Disaster will be rampant and as practitioners of Disaster Medicine, we must share our resources—especially our skills and expertise. We must share our experiences. We must describe the changes, the human responses to them, and share how they were coped with and by whom. We must combine our experiences and expertise to help others cope with these changes, and train others to help. We must become involved with those affected directly—we must help. WE MUST PREPLAN TO HELP. We have the expertise to identify what will be needed and take steps to make sure it is provided. We can lessen the disaster. We have accepted the responsibility by our claim to the practice of Disaster Medicine.

The times, they are a changin'. The practice of Prehospital and Disaster Medicine is changing. In the evolution of Prehospital EMS, we have been blessed by the volunteer without whom, many EMS systems would not exist. As more and more of the interventions, whose effects are time-dependent, move from Emergency Departments into the prehospital setting, we will be asking more and more of the volunteer and more and more from the public coffers. Resources now are limiting most of our practices and every indication points to increasing limitations no matter where we practice. Our practice environment is unique and we do it under great scrutiny. How much can we ask of the volunteer? Who is going to pay the tab? How can we do it better at less cost? Changes will be needed as the answers to these questions evolve. What will these changes be and who will decide?

We can help guide the change, but we cannot prevent it. Emergency Medical Services have not changed significantly since their inception. Change will happen and we will be involved. It

will not happen exactly the way each of us wishes. But, it will occur. We can affect what and how it occurs. Change is coming, and we can proact rather than react. If we do not participate in shaping the changes, we will have no right to complain about the outcome. Change, properly conceived and implemented, creates strength. Prehospital and Disaster Medicine has a closer relationship to the world than does any other component of medicine. We touch more of the population of the world than does any other part of the practice of medicine. We are in a unique position. We must be responsible. Rather than oppose change, let us foster it. Let us drive it. Where Emergency and Preventive health care will be by the year 2000 is dependent largely upon the changes we conceive and for which we provide guidance today. We need to step back and take a long, hard look at where we are and what changes will allow us to better serve the persons who entrust their care to us.

The times, they are a changin'. Let us all work to lessen the pain and enhance the gains. Change can be wonderful, but often to get there "We must die a little before we grow again."¹

1. Jones T: *The Fantastics*. 1960.

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Science is the foundation upon which all health-care disciplines are based. As the field matures, it is becoming evident the practice of prehospital and disaster medicine is fundamentally different from that experienced in the controlled setting of the hospital.

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