

serve in their hour of greatest need. Leadership and vision we have in blessed abundance within the talented pool of our country's emergency physicians. What is required is an appropriate forum to develop such a strategy and sufficient political will to give substance to the ideas we share.

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#### References

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#### [James Ducharme responds:]

The possibility of a 4-year common-track program, as described by Russell MacDonald, has been discussed for more than a decade. Al-

though appealing at first glance, it faces what appear to be insurmountable barriers. The CCFP-EM 1-year program has been popular, producing the majority of emergency-trained clinicians in this country. To maintain the same number of graduates would require a large increase in 4-year residency slots, but such an increase cannot be justified under today's budgetary constraints. On the other hand, the fifth year of the Royal College program was added specifically for subspecialty or nonclinical training that was not available because of a lack of fellowships.<sup>1</sup> Reducing the program to 4 years would risk eliminating that aspect of training.

As is almost always the case, I agree heartily with Alan Drummond's insightful comments. With the closing of acute care beds and inadequate funding for patients needing long-term care, the health care system has been overwhelmed. EDs, rather than being a safety net for the patient, have become the safety net for a fragile system. In my own hospital we have found that to solve overcrowding problems in the ED, we must participate in finding solutions for problems in other hospital departments. Emergency medicine training programs have created expertise. Perhaps the time has come to use our vision and expertise to work with Health Canada and provincial health ministers to de-

velop and implement the approach suggested by Drummond.

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#### [Ivan Steiner responds:]

I agree with Russell MacDonald's emphasis on integrating the academic knowledge of emergency medicine with a humanistic approach to patient care, and our research has confirmed the value of this approach.<sup>1</sup> However, I disagree with his proposal for achieving this goal. It is family physicians who are providing emergency care outside urban centres, and the humanistic education provided by family medicine programs must be supplemented by adequate acute care training, as through the CCFP-EM program. The concept of merging the 2 training streams has been debated in the past. However, accreditation is the purview of the 2 national colleges and to my knowledge they are not considering integration. Furthermore, a merger would also reduce the total number of emergency medicine training