



Emergency medicine in the Canadian military

I repeatedly read in *CMAJ* that the Canadian Forces Health Services are in “critical need” of doctors¹ and that there are severe shortages of uniformed personnel.² CMA Past-President Ruth Collins-Nakai has been quoted as saying that “we must do something to ease the burden of our medical colleagues [in Afghanistan].”³ Despite this so-called critical need, it would seem that the Canadian Forces Health Services simply have no use for specialists in emergency medicine, who have acute care experience and advanced skills in airway management, trauma resuscitation, procedural sedation, prehospital care and aeromedical evacuation. Notwithstanding the fact that the US and British militaries have been welcoming emergency medicine specialists with open arms for years,⁴⁻⁶ the Canadian military still does not recognize the specialty of emergency medicine.

Emergency medicine specialists can only join the Canadian Forces as general duty medical officers, which means that they cannot maintain their skills by working full-time in civilian hospitals when they are not deployed, unlike their specialist colleagues in orthopedic surgery, general surgery, anesthesiology, radiology and internal medicine. Rather, emergency medicine specialists would be required to work between deployments as family physicians in military clinics, something that they are simply not trained to do.

I know of several other soon-to-be emergency medicine specialists who would be interested in a military career. However, until the Canadian Forces recognizes our specialty and puts in place the necessary memoranda of understanding with “busy civilian hospitals” and “high-acuity practices” in large cities so that we can maintain our clinical competence the way Canadian military surgeons can,⁷ young physicians like me cannot in good conscience join the Canadian Forces.

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[The Director of Health Services
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responds:]

The Canadian Forces believes that, given the good general health of most members of the Forces on operational deployment, the requirements for emergency medicine in operations can be fully met by the spectrum of medical experts on deployment. To address the Canadian Forces’ acute care needs, we will continue to rely upon a team-based

approach to trauma care that includes family physicians with the CCFP and CCFP(EM) designations who have received additional training in and exposure to trauma care. It is true that the United States military deploys emergency medicine specialists, but they work no further forward than their combat support hospitals. The situation in the United States also differs from that in Canada in that family members of serving members of the US Forces and military retirees all receive their health care through military facilities, and these patients make up much of the patient load of emergency medicine specialists in the US military when they are working at home. As the Canadian Forces does not operate any emergency departments in Canada, full-time emergency physicians have no role in the Canadian Forces at home. Given the relatively small size of the Canadian Forces Health Services, we must have as many generalists as possible, who receive additional specialized training as required. However, the Canadian Forces is considering opening up reserve positions for emergency physicians certified through the Royal College of Physicians and Surgeons of Canada.

As Matthew Erskine correctly pointed out, the Canadian Forces is short of physicians and continues to recruit aggressively, but only in certain core disciplines: family medicine (including family physicians with the CCFP[EM] designation), internal medicine, general surgery, orthopedic surgery, psychiatry, anesthesia and radiology. All military physicians are expected to maintain a generalist skill set while focusing on acute trauma management and other areas relevant to military operations.

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