

# The Happening

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*Truth is a jewel that should not be painted over; but it may be set to advantage and shown in a good light.*

George Santayana, *Life of Reason*, iv, 105.

As this decade ends and we move forward into the next, it is cogent to examine our special part of the world. Where have we been and where are we going? What is the status of our relationships and our discipline and what will become of us? Let's take a look.

The current decade has witnessed an astounding growth and maturation of our discipline. I use the singular form because worldwide, the fields of Prehospital, Emergency, Disaster, Humanitarian, and International Medicine gradually, but steadily are melding into one. At first look, it seems a strange mix especially when we consider the seeming diversity of these fields; our training seems widely divergent and our backgrounds may include prehospital emergency medicine services, emergency and accident medicine, anaesthesia, surgery, critical and intensive care, pediatrics, engineering, nursing, administrative medicine, preventive medicine, public health, epidemiology, internal medicine, general practice, primary care, neurology, paramedical services, administration, representatives of governmental and non-governmental agencies, AND MORE! A strange mix, indeed. Moreover, we bring diverse cultures. We even use different native languages. What an extraordinary mixture of people and backgrounds. What other part of Medicine can claim such diversity? I can think of none! So what commonality brings us together?

The bonds that tie us together are strengthening. But, what is it that connects us? The precise reasons for these unusual connections are not immediate-

ly clear. Perhaps, it is the environment in which we practice our very special type of medicine; we all practice outside of the comfort and familiarity characteristic of in-patient facilities. We may be the only medical personnel who see the real world of humanity in its environment. Perhaps, it is the breadth of our human experiences. Perhaps, it is because we all are privileged and humbled to see humanity at its very best and at its very worst — when it is most insecure and desperately in need of help. We see humanity in its most vulnerable state. Perhaps, it is being exposed to such pain and suffering, such sadness and elation, such grief and happiness, such insecurity and comfort, such undying demonstrations of one human being's deep caring for another. Or is it a mother's tears or the cries or the laughing of a child, or the cruelty of one human to another or to the environment that we share? Regardless of our backgrounds or where we work, regardless of our training and background, we see and experience it all. We practice in a sea of human emotions. In what other discipline could one experience such a range of human feelings and emotions?

What seemed improbable just a decade ago, has become a remarkable fit. What began as individual disciplines with well-circumscribed boundaries is coming together as each matures. Regardless of the background and culture that we profess, each of us finds it a part of our professional activities to interface with each of the basic societal components outlined in the Executive Summary of the Guidelines for Evaluation and Research recently published in this Journal.<sup>1</sup> We interact with every element of society, no matter where we practice. Who among us has not interacted with educators in other components of a society or with security forces

or environmental services?, Who has not been involved with the provision of food, clothing or shelter? Who has not been involved with public health issues, or public works, or the supply of water? Who has not been involved with the military? Who has not been forced to deal with the media? We practice in a glass house for all to see and criticize. What other medical professionals practice under such scrutiny? It is no wonder that we are drawn together.

We are developing our own common science, which differs profoundly from that professed by the rest of medicine. We cannot escape the reality that much of our science is social science — we interact at every level of society and culture. We are developing a special set of standards for our own practice and hence charting directions for our future growth. The breadth of our Congresses becomes increasingly broad in topics and representation. We now find it necessary to include representatives from the other elements of society. Unlike other elements of medicine, we cannot go it alone. We are mutually dependent upon each other.

As society becomes increasingly intolerant to inhumane acts towards one another, national borders no longer restrain our attempts to care for our fellow human beings. We have the right to intervene and we do! As such, the international borders also are becoming less distinct, and our special type of medicine is helping to lead the way. Inhumanity no longer is being tolerated. We have a common goal and the societies that we protect now recognize our role in the world, as is evidenced by the recent award of the Nobel Prize to Doctors Without Borders. Think of the inclusiveness of this organization. It really is testimony to our new discipline and our role in the world. This recogni-

tion is for all of us and our togetherness and for what we do. We care.

But what shall we call it, this evolving discipline? We don't fit the routine. We even have invented a new term, "humanitarian medicine." Someone recently asked, "But, isn't all of medicine humanitarian?" What is your answer? What is our uniqueness? I think it will become apparent during our journey through the new decade.

All of our unique characteristics are embodied in this journal, thanks to all who have contributed in the past and will do so in the future. It is your journal. To reinforce what I am suggesting, I suggest that you page through old issues and examine the breadth of the topics outlined in the Index for Volume 14 included in this issue. This Journal provides some of the glue that holds us together and reflects our maturation. It is the reflec-

tion of our coming of age.

Each of you has contributed to the development of this discipline. You do so by contributing your experiences, your work, and by using the knowledge the Journal puts before you. It is your undying concern for your fellow human beings and the world in which we work and live. We recognize that the earth does not belong to us, but we belong to the earth. We help bring humanity together from all over the world. We help to dismantle barriers and promote communication. We believe we are one. How special!

Have a wonderful new year, new decade, new millennium. But above all, take care.

*Quanto superiores simus, tanto nos geramus summissius. (The higher we are placed, the more humbly should we walk.)*

Cicero, *De Officiis*, Ch 26, sec. 90

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## References

1. *Prehospital Disaster Med* 1999;14.