

OBITUARY

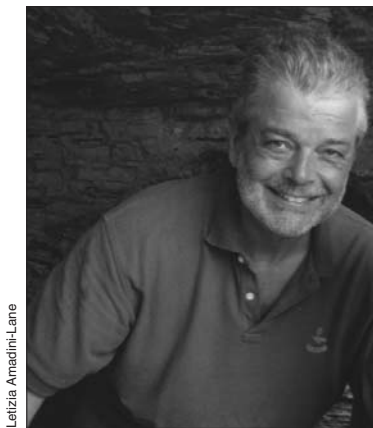
Peter L. Lane, MD, FRCPC (1952–2003)

Peter Lane died tragically on August 27, 2003. During a quarter century of dedication to emergency medicine, Peter was a clinician, leader, researcher, teacher and visionary. Now we, Peter's Canadian colleagues, are proud to step forward to speak for him. This is probably the first time that Peter has allowed this to happen in a public forum.

Peter was a system's man. Where we often lacked confidence, he had faith: Everything could be accomplished using the correct approach (generally Peter's). Three themes existed in all of his projects: let government and faculty acknowledge past neglect; tell physicians to get off their collective derrieres; encourage researchers, teachers and academics to get on with it.

Those of us who shared clinical moments, teaching moments and editorial duties with Peter quickly recognized his thirst for knowledge. If any of us did not share his conclusions, we received an open invitation for PLL 101... Peter's lecture on logic. Yes, he was often a thorn to his colleagues, but no one can deny that he had a magical ability to advance his concepts and visions. Peter changed things for our patients and our country and our physicians.

Peter was the chair, advisor and consultant — committed to quality care, trauma, emergency medical systems and, above all, emergency medicine. Is the Trauma Association of Canada an association for surgeons? Not in Peter's mind. Do all ACLS courses require a cardiologist? Not in Peter's mind. Can emergency medical services exclude emergency physicians



Leticia Amadini-Lane

Dr. Peter Lane

from system planning? Not in Peter's mind. Peter spoke for the patient. His academic work addressed the patient in the ED, the patient in need, the elderly and the trauma victim. He promoted emergency medicine in Canada and around the globe. His dreams were to change and advance our field. He succeeded.

The first of Peter's 36 peer-reviewed publications dealt with quality of care. The rest of his articles, reviews and editorials asked us to consider, to ensure, and to teach quality care in the clinical, educational and research arenas. Thank you Peter, for your legacy to Canadian emergency medicine.

Peter was occasionally abrasive, opinionated, and oblivious of his impact on others — totally focused on the task at hand. He could also be compassionate, contrite and a devoted friend. Some would be surprised to hear of Peter's humility; the best way to make Peter quiet was to give him an award for doing what he loved doing. Peter began receiving leadership awards in medical school. He was

brash enough at that time (so what changed over the years) to start a community clinic staffed by medical students. He received the Queen's Tricolour Award for student dedication to his community. He was the President of the Professional Association of Internes and Residents of Ontario in 1978, President of the Canadian Association of Emergency Physicians in 1983, President of the Trauma Association of Canada in 1988. He was the editor of Canada's first EM journal (*CAEP Review*) from 1980 to 1987. He received awards from the government of Canada, the British Association for Accident and Emergency Medicine, the province of Nova Scotia, the Association for the Advancement of Automotive Medicine, and a lifetime membership in CAEP. Peter garnered these honours because his peers recognized him as a founder and leader, an outspoken patient advocate, and a champion for physicians in training and his colleagues in the ED trenches.

Peter, emergency medicine thanks you, and emergency patients thank you. Rest in the knowledge that medical students, EM residents, emergency physicians, trauma surgeons, medical educators, and medical policy researchers will cite your pioneering work for years to come. You have made a difference and you will be remembered — today and always.

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