Accident and emergency medicine or emergency medicine?

EDITOR.—As trainees in emergency medicine, we welcome Laurence Rocke's suggestion to re-open the debate on the name of our specialty. We would support the dropping of the clumsy "accident and" prefix for the following reasons: it is a mouthful to say; it is redundant since most accidental injuries can be considered emergencies, if not by the physician then at least by the patient; and it carries with it historical connotations of being an orthopaedic subspecialty, reinforcing the attitudes that many other specialists unfortunately continue to hold towards us.

We do not know what the response of the Royal Colleges of Physicians will be to the problem of increased subspecialisation within general (internal) medicine and the lack of acute care physicians, but if they secure the right to the name "emergency medicine" we are going to experience a serious identity crisis. Our vision of the future in the specialty is one of increasing intervention (where appropriate) in the emergency department, and of growing credibility as specialists. We acknowledge gratefully the enormous achievements made by our senior colleagues in creating and building accident and emergency medicine into what it is today; as the next generation of consultants we intend to honour their efforts by continuing to raise the prestige of our specialty and to attract the highest calibre trainees. To this end we suggest that bringing ourselves into line with much of the rest of the world by renaming the specialty "emergency medicine" is an important and logical step. This window of opportunity may never be open again—it is important to shape our specialty by design, not by default.

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