REVIEWS

Emergency medicine terminology in the United Kingdom—time to follow the trend?

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Abstract

Objective—To determine the frequency of use of the terms “accident and emergency” and “emergency medicine” and their derivatives in original articles in the *Journal of Accident and Emergency Medicine*.**Methods**—Hand search of all articles in the *Journal of Accident and Emergency Medicine* from September 1995 to July 2000, categorising the first use of terminology in each original article to describe the specialty, its departments, or their staff into either accident and emergency or emergency medicine groups.**Results**—There is a clear trend towards increasing use of the terms emergency medicine, emergency physician and emergency department, with decreasing use of the terms accident and emergency

medicine, accident and emergency department and accident and emergency doctor, although the latter group still constitutes the majority.

Conclusion—The use of emergency medicine to describe the specialty in the United Kingdom is increasing, although this may reflect the Journal's growing international standing. This trend should be taken into account in the debate over the specialty's name in this country.

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Table 1 Classification of terminology used in JAEM articles

	Classified as “emergency medicine” term	Classified as “accident and emergency medicine” term
Specialty	emergency medicine	accident and emergency
Department	emergency department emergency room	accident and emergency medicine accident and emergency department
Staff	emergency physician	accident and emergency staff/doctor/physician

Table 2 Emergency medicine and accident and emergency terms used

Journal year	Accident and emergency	Emergency medicine
Sep 95–Jul 96	82	3
Sep 96–Jul 97	73	10
Sep 97–Jul 98	70	11
Sep 98–Jul 99	50	18
Sep 99–Jul 00	43	23

Figure 1 Terminology used in JAEM papers September 1995–July 2000.

As the debate on whether to change the name of our specialty in the United Kingdom from accident and emergency medicine to emergency medicine continues,^{1–3} we sought to determine the relative popularity of each name according to the frequency with which each term was used in the country's leading emergency medicine journal, the *Journal of Accident and Emergency Medicine*.

Methods

All issues from the past five years, September 1995 to July 2000, of the *Journal of Accident and Emergency Medicine* were examined. For each original article published, we noted the first use of the terminology for the specialty, the departments, or its staff (see table 1), and classified them as either emergency medicine or accident and emergency medicine. We excluded letters, case reports, conference abstracts, and the regular secondary evidence features, best evidence topics and journal scan.

Results

The results are listed in table 2, and illustrated in the graphs, with numbers of accident and emergency and emergency medicine terms used in each issue in figure 1 and the percentage use of each term according to year in figure 2. There seems to be an increasing proportion of papers using emergency medicine compared with accident and emergency terminology.

Discussion

These data demonstrate increasing use of the term emergency medicine to describe our specialty. The term accident and emergency was introduced in 1962 when the Platt report

Figure 2 Classification of JAEEM articles according to terminology as percentage of total.

recommended the renaming of casualty departments to emphasise to the public the nature of the service provided, and to discourage casual attenders.⁴ Platt also suggested that an orthopaedic surgeon be responsible for the clinical and managerial supervision of each A&E department, although this proved unsatisfactory and in 1972 32 full time A&E consultants were appointed.⁵ After nearly 40 years since the change of name, many members of the public, the medical profession,⁶ and even the parent publication of the *Journal of Accident and Emergency Medicine*, the *BMJ*, still refer to it as casualty.⁷⁻⁹ This reflects the painfully long time required to effect a change in perception on a large scale and this has been proposed as a reason for avoiding a further

name change. Worldwide, however, the specialty is known as emergency medicine; indeed, the British Association for Accident and Emergency Medicine is a member of the International Federation of Emergency Medicine. Thirty two of the 65 papers in the emergency medicine group were submitted by foreign authors, including those from the United States, Australia, New Zealand, Hong Kong, Saudi Arabia, Israel, France, and Germany. Our results therefore may reflect an increasing international flavour to the Journal rather than a true increase in the use of emergency medicine terminology in the United Kingdom, although it is the observation of the authors that the terms emergency medicine, emergency physician, and emergency department are being used increasingly by trainees in the specialty, which is compatible with the demonstrated trend in the United Kingdom literature. The increasing popularity of these terms should be taken into account when and if the Faculty of Accident and Emergency Medicine and the British Association for Accident and Emergency Medicine consider a change in the name of our specialty.

- 1 Roche LG. Accident and emergency medicine or emergency medicine? [Letter]. *J Accid Emerg Med* 1999;16:74.
- 2 Reid C, Watts B, Nicholas J, et al. Accident and emergency medicine or emergency medicine? [Letter]. *J Accid Emerg Med* 1999;16:238.
- 3 Jones A. Accident and emergency medicine or emergency medicine? [Letter]. *J Accid Emerg Med* 1999;16:238.
- 4 Platt H. *Report of the standing medical advisory committee, accident and emergency services*. London: HMSO, 1962.
- 5 Skinner D, Swain A, Peyton R, et al. *The Cambridge textbook of accident and emergency medicine*. Cambridge: Cambridge University Press, 1997:3.
- 6 Reid C. The credibility gap. *BMJ* 1998;316:1913.
- 7 Kmietowicz Z. Waiting times in British casualty departments remain too long. *BMJ* 1999;318:351.
- 8 Spurgeon D. Quebec faces severe pressure on casualty departments. *BMJ* 1999;318:556.
- 9 Anon. Casualty departments to get facelift. *BMJ* 1999;318:609.