

Change

Summer 2008 has been a dynamic period. Israel and America are in the early processes of electing new leadership. A housing crisis that started in America is having economic impact felt across the planet. Beijing has closed thousands of factories in an effort to clear its sky and air, if only for a few weeks of public scrutiny during the olympics. Soaring oil prices will hasten commitment to development of an alternative to gasoline powered vehicles with a vigor not realized solely by concern about the environment.

Emergency medicine is a specialty that concerns itself with change. Change in critical physiologic functions of the patient are first identified at the bedside, response to treatment is central to management, and change in social function may dictate the disposition of our patients when treatment is complete. We teach junior trainees to assess and react in a disciplined, evidence-based manner. We teach senior trainees the maturity of restraint, the discipline necessary in

first standing back and observing. A voice in the trainee's head may scream "Don't just stand there, do something!" when, in fact, the mature clinician may first exercise the discipline to do the converse: "Don't just do something, stand there!"

Change in understanding, knowledge, and management is core to the growth of the clinician. Clinical practice, research, education, and health care management are intertwined, and integral to growth of the specialty of emergency medicine.

In this issue of The Journal, we bring you peer - reviewed evidence-based medicine, original research, case reports, and scholarly review. It is our hope that we play a role in positive change in individual practice and in the growth of emergency medicine worldwide.

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