

# Balancing the Fulcrum of Dissonance



Expectation on emergency departments (EDs) to provide acute answers and treatment



Understanding root causes of patient conditions which have no quick fixes, and require integrating non-clinical expertise

EDs only paid for patients seen in-facility



Many patients prefer high quality treatment at home

Training for delivering care and treating only life-threatening emergencies



Continuous adaptation and management for delivering care amid destabilizing conditions

Sub-specializing through residencies and multiple fellowships leads to considering patients as parts, and not wholes



Focus on the essential in medicine: an empathetic human relationship between doctor and patient

Classifying 'non-emergencies' that end up in the ED as not their problem, clinical staff absolve themselves



The ED is where America's generalists and specialists send their patients when they need acute answers and treatment

Risk assumed vs. risk imposed on clinical staff in EDs



Emergency medicine's (EM) promise to care for anyone with anything at anytime

Defining success in EDs as seeing as many patients as efficiently as possible (throughput)



ED is the canary in the coal mine of what's happening in society

What conditions make ethical spaces for delivering care?



Is it possible to do no harm in an environment where people are afraid to seek help?

Medical system prioritizes patient longevity, at lower quality of life, at higher expense



Is it possible to design a system with a symbiotic relationship between emergency medicine and palliative care?

Narrative as a means to understand patient condition: thousands of inputs, context, and history



Counterbalancing physician experience and intuition; relying on data and measurements from technical instruments/procedures

EM thrives in a system based on excess, better equipment and medications, technological advancements, stronger innovations



Less-complicated patients offer departments the highest profit margins

How could the emergency room be used beyond medical emergency, as a preventative space?



Patients need to leave the ED. They are sent home or into the hospital or to a facility based in part on how expeditiously this can be done