

## *From the Editor*

The thirtieth of May was my birthday, and was also a watershed date in another way. My good friend - I should say Israel's good friend- Ivan Steiner, our publisher representative Tzipi Sharoni, Mike Drescher and I met in Petach-Tikva to discuss what path the journal would take. The decision was that the journal will no longer be a local production but a journal of international repute. Perhaps big words- maybe you'll even chuckle- but the four of us are accepting this challenge and we believe it can-and will happen.

First the work will be distributed to an editorial board, and will no longer be just my production. Canadians and Americans who have interest in Israel will be active contributors, and subscriptions in the USA and Canada are coming in. We in Israel of course must show the same enthusiasm.

So for now-our mission statement, which was basically written by Dr. Steiner.

1. The journal will print articles of interest to all three specialties of EM/trauma/ICU. It will provide a forum on national and international news relevant to Israeli EM in the areas of clinical care, education, research, administration, and general issues not covered above.

2. The journal will strive to develop a visible and respected forum for the advancement of academic EM in Israel, and to enhance the national profile and stature of EM.

3. The journal will offer its readers developments from around the world in a fashion relevant to the way EM is practiced here.

I remember telling Ivan once that "if you strive for excellence the first time, you never have to look back" We really believe that. Let our slogan be that which is so relevant to our daily work.

"Accepting The Challenge"

Sincerely Yours,  
Dr. J. B. Liebman  
Editor in Chief

### ***EM: Israel is a special place, Sheba is a special place***

I was surfing through the Internet, browsing among the BMJ and the New England Journal, and I saw the news section-suddenly a flashing news item appeared. A suicide bomber blew himself up in a Petach-Tikva cafe. There are numerous injured.

Five minutes later, I am in the emergency department. The head nurse had already activated the disaster plan and all non serious patients had been moved out. Admitted patients had been brought up emergently to the wards, crash carts were brought in, and extra staff called in. X-ray, laboratory and operating suites were put on alert. The nurses were moving rapidly through the department, explaining to patients why they were moving, updating the physicians, and organizing the ED for a mass casualty event.

Minutes later additional physicians arrive from home. Television and radio had already reported that something had happened; it was obvious that victims would soon be arriving.

Ten minutes later, injured patients begin to arrive, to an outsider, it appears very disorganized, yet I know that within the disorganization everyone recognizes his role and every victim will receive the appropriate treatment.

In these days of terror and daily violence, we in the ED are at the forefront. Television cameras capture our hard work and people recognize our efforts.

Other days, we are backstage, but no less hard working. We at Sheba see 300-400 patients daily and the drama never abates for a minute. A multi trauma victim, a myocardial infarction, a difficult asthmatic, a comatose patient coming in from the street-emergency medicine at its best.

Yesterday we were internists, surgeons, and orthopedists working in our own worlds in the ED. Today we are entering the global ideal of EM- treating a patient according to his immediate complaint, and not according to what physician he needs to be sent to.

We are now the emergency department that emerged from a crowded department that served to just refer patients to successive specialists. We are a modern department that gives complete treatment to all patients that present and such are now the expectations of our colleagues in other specialties.

We are progressing nicely, but a difficult road remains ahead. We must educate the next generation of physicians who will bear the torch of emergency medicine as a way of life. We must build an infrastructure for research, quality assurance, better service. We are at the beginning, but what a glorious beginning it is.

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