

A rose by any other name is an Emergency Department

To the Editor: In William Shakespeare's *Romeo and Juliet*, Juliet says: 'What's in a name? that which we call a rose By any other name would smell as sweet.'

She is arguing that the name of something does not matter, only the thing itself matters. This is not always true. A name can determine destiny. Misnaming something can have negative implications. This is why it is so crucial that leaders in the specialty of emergency medicine unite in choosing the name of the department in which we work – the Emergency Department. We are still fighting the demons of 'Casualty', and now another misnomer has arisen: that of 'Emergency Centre'.

Where does the term 'Casualty' come from? According to the *Concise Oxford English Dictionary*,^[1] 'casualty' means 'A person killed or injured in war or accident; an accident, mishap or disaster', 'accident' means 'An unfortunate incident that happens unexpectedly or unintentionally', and 'emergency' means 'A serious unexpected and potentially dangerous situation requiring immediate action'.

'Casualty' was traditionally the area where emergency cases were first seen in the frontlines of a hospital. Patients were briefly assessed

(not necessarily by qualified medical staff) and referred for further management. From as early as the 1950s, people started to question why the sickest patients were being attended to by the least qualified doctors. What US trauma surgeon Dr Robert H Kennedy called 'the weakest link'^[2] progressed over the next 20 years into the specialty of emergency medicine in the UK in 1976, in the USA in 1979, in Australia in 1981 and in South Africa (SA) in 2004.

Then where does the term 'Emergency Centre' come from?

According to Pubmed, the term 'Emergency Centre' does not exist in the medical literature. It is a term commonly used in the Western Cape, but it was not coined by an emergency physician. Emergency medicine is an up-and-coming specialty in SA that is starting to make its presence known among the other more established specialties. As more and more specialist emergency physicians graduate and take over the emergency areas of hospitals, so the historic term 'Casualty', with its associated negative connotations, will be replaced – but surely not by 'Emergency Centre', which is not universally recognised.

Since the 1990s, the more accurate term 'Emergency Department' has been in use in Australia, New Zealand and the USA. In the UK, emergency physicians are struggling to get rid of the term 'Accident and Emergency Department' and have it become 'Emergency Department' alone – but at least these colleagues work in a *department!*

Sakr and Wardrope's article 'Casualty, accident and emergency, or emergency medicine, the evolution',^[3] published in the *Journal of*

Accident and Emergency Medicine, is now 14 years out of date. Even that journal changed its title just a year later in 2001 to the *Emergency Medicine Journal* in order to remain current.

If international best-standard emergency medicine is to be practised in SA, then international nomenclature should be adhered to and we should use the term 'Emergency Department' to describe the area in the hospital in which we save lives.

William Shakespeare said, 'There is no sound so sweet as the sound of one's own name' – and the internationally recognised name 'Emergency Department' should be made our own and be the name used throughout South Africa.

Lara Nicole Goldstein

Helen Joseph Hospital and Division of Emergency Medicine, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa
drg666@gmail.com

1. Soanes C, Stevenson A. Concise Oxford English Dictionary. 11th ed. New York: Oxford University Press, 2004.
2. American College of Emergency Physicians. <http://www.acep.org/About-Us/1965-Report-Calls-for-Increased-Emphasis-on-Emergency-Care/> (accessed 5 May 2014).
3. Sakr M, Wardrope J. Casualty, accident and emergency, or emergency medicine, the evolution. *J Accid Emerg Med* 2000;17:314-319. [<http://dx.doi.org/10.1136/emj.17.5.314>]

S Afr Med J 2014;104(7):457-458. DOI:10.7196/SAMJ.8097