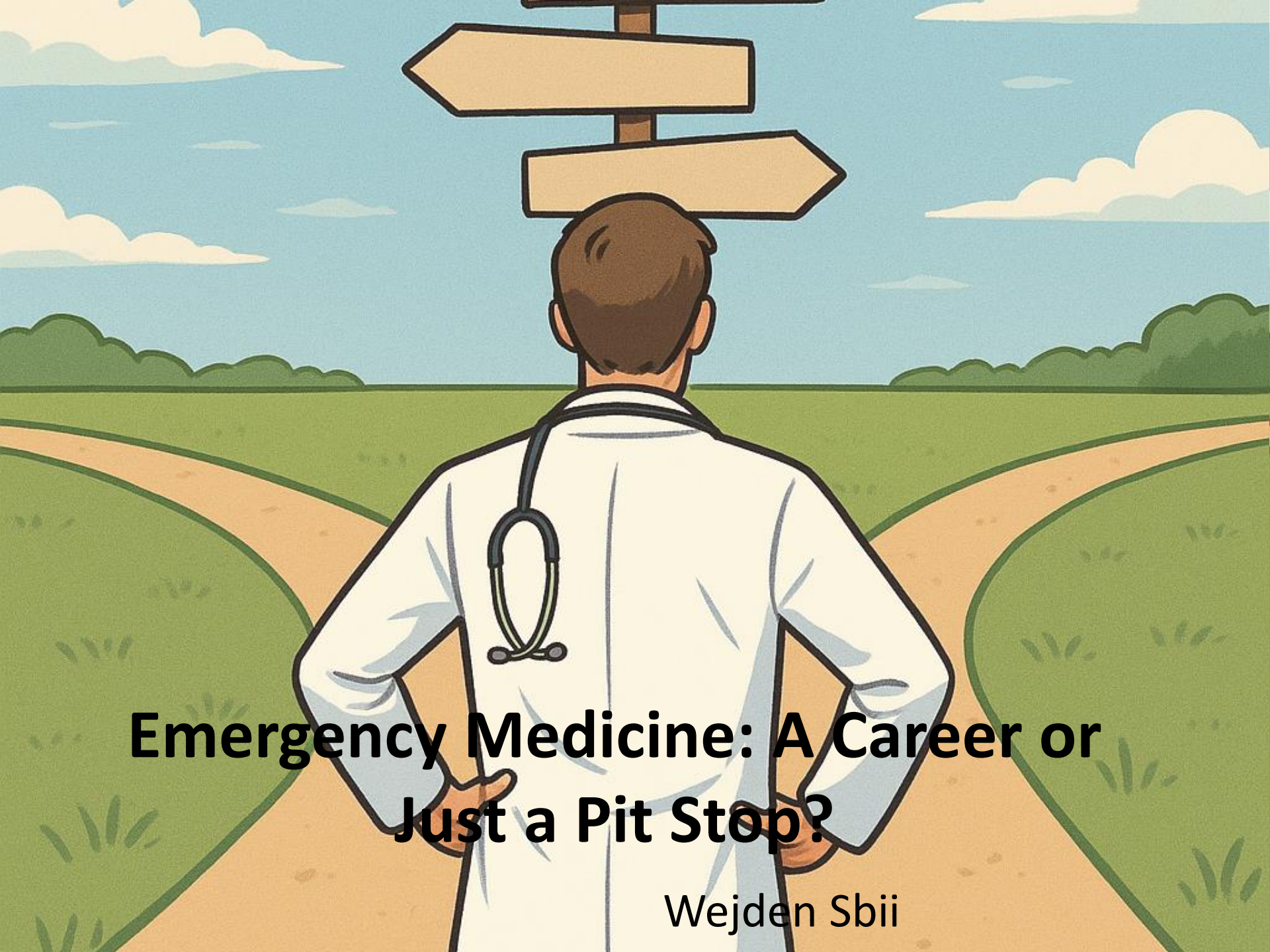

Emergency Medicine: A Career or Just a Pit Stop?

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Emergency Medicine: A Career or Just a Pit Stop?

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- **Article Type:** Editorial / Narrative Review
- **Source:** *Annals of Emergency Medicine*, Volume 85, No. 6 : June 2025
- **Aim of the study** : Emergency Physician Attrition: Workforce Sustainability, Career Mobility, and Unresolved Gender Disparities

Background

- **The Central Issue:** Emergency Medicine (EM) faces a significant challenge of physician Attrition*, driven by both its unique flexibility and its intense lifestyle pressures.
- **The Critical Question:** Is this attrition a sign of a healthy, adaptable specialty or a symptom of a workforce in crisis?
- **Implication**: Understanding its drivers—whether positive (career mobility) or negative (burnout)—is essential for workforce sustainability.

*Physcian Attrition: Healthcare workers leaving a job or region, often due to factors like poor working conditions, lack of respect, or administrative issues)

Findings

The editorial synthesizes findings from several key retrospective cohort studies:

Study	Data Source	Key Findings on Attrition
Gettel et al.	Medicare Claims Data	- Established an annual attrition rate of **>5%**. - Found a **disparity**: female EM physicians leave clinical practice more frequently and at a younger age.
Agboh et al.	Medicare Data	- Determined that physicians who leave the ED **infrequently transition to other clinical areas**; attrition often means leaving clinical practice altogether.
Salker et al.	Internet Searches / Residency Rosters	- **Did not find a significant gender-based difference** in attrition rates.

*Medicare : is the federal health insurance program in the United States for people who are 65 years of age or older.

Discussion

The Two Faces of Attrition

Beneficial Attrition (Career Evolution & Skill Leverage)	Detrimental Attrition (A Signal of Systemic Failure)
For the Individual: Pursuit of greater fulfillment in other roles. **For the System:** Represents natural career progression and the valuable application of EM skills in other domains. **Examples:** **Non-Clinical Roles:** Executive leadership, public health policy. **Other Clinical Careers:** Critical care, palliative medicine, addiction medicine, hyperbaric medicine.	**Primary Drivers:** Burnout, moral injury, harassment, discrimination, lack of support. **Negative Consequences:** **Workforce Instability:** Threatens the core of the EM workforce. **Loss of Investment:** Wastes the significant financial and personal investment in medical training. **Exacerbation of Disparities:** May worsen rural physician shortages and reduce access to timely emergency care.

Gender Disparity in Attrition

- Women are 50% of medical graduates but only 30% of emergency physicians

  Higher attrition worsens this gender gap.
- Studies conflict on female attrition rates due to different methods:
  - Gettel used official Medicare data.
  - Salker used online rosters.
  - different groups of doctors from different time periods
- Systemic drivers for women leaving include:
  - caregiving duties.
  - Lower pay and slower promotion.
  - Workplace harassment and bias.
- This loss of female physicians harms patient care quality.

Article Implication

The editorial identifies critical areas for further investigation:

- **Standardized Definitions:** A clear, consensus-based definition of "attrition" is needed.
- **More Investigation:** Move beyond *observing* attrition to *understanding* its root causes through qualitative and prospective studies.
- **Diversity Impact:** Rigorously evaluate how attrition affects workforce diversity and equity
- **Clarify Gender Disparity:** Resolve the conflicting data on gender-based attrition and identify its systemic drivers.
- **Develop Interventions:** Create and test structural and institutional interventions to support career longevity for all EM physicians

Conclusion

- Attrition in EM is a **multifaceted phenomenon** with both positive and negative implications.
- Current evidence is based on **observational data** and is sometimes **conflicting**, especially regarding gender disparities.
- The high rate of **burnout in EM** necessitates a deeper investigation into whether attrition is a coping mechanism for a dysfunctional system.
- **Urgent action is required** to distinguish between healthy career mobility and detrimental workforce loss.
- Ensuring a **sustainable, diverse, and healthy EM workforce** depends on targeted research and evidence-based interventions to support physicians throughout their careers.


Thank You For Your
Attention