

# ***AMA star of life needs to be recognized***

## **10-SECOND SUMMARY**

There is a growing need today for a universally-accepted symbol which is readily identified with emergency medical services. ACEP endorses the AMA Star of Life, originally designed in 1963, as this universal emergency medical identification symbol.

**By John G. Wiegenstein, MD  
Lansing, Michigan**

Recognizing the need for a universally accepted symbol identified with emergency medical services, the Board of Directors of the American College of Emergency Physicians has officially acknowledged and supported the AMA "star of life" symbol as the emergency medical identification symbol.

This action was taken by the ACEP Board in June 1971 after a presentation by ACEP member John S. Farquhar, MD, chairman of the American Medical Association's Committee on Community Emergency Services. Dr. Farquhar said that the ACEP meeting was the place to fire his opening shot in a campaign to promote widespread use of the symbol.

Discussion concerning use of a standardized symbol is by no means new. Interest in an identifiable symbol is now growing stronger because of a demand by the public for directional signs showing the way to hospital emergency care facilities and the desire for a uniform symbol for use by commu-

nity emergency medical service committees and to designate certified emergency medical technicians, rescue vehicles, etc.

The Star of Life symbol was designed by the AMA and released in 1963 to all who manufacture medical identification signal devices or publish identification cards.

The symbol, consisting of a serpent-entwined staff of Aesculapius (the symbol of medicine) superimposed on a six-pointed star of life surrounded by a hexagonal frame, is copyrighted as the AMA's emergency medical identification



symbol. When inside the hexagonal frame it means "Stop! Look for information that may save a life." The AMA has urged its use to draw attention to persons with individual health problems needing special attention.

The AMA House of Delegates adopted a resolution in 1964 which urged appropriate national organizations to work toward the approval and placement of signs on major highways to show the direction and distance to the nearest licensed hospital. In 1968, the AMA voted to encourage the American Association of State Highway Officials and the Federal Highway Administration to work toward the adoption of the International System of Highway Signs which avoids the use of language.

In 1969, the AMA Commission on Emergency Medical Services, chaired by Irvin E. Hendryson, MD, carefully reviewed the highway sign concept. Upon the recommendation of the Commission, the AMA House of Delegates in 1970 adopted the Star of Life design which incorporates the AMA emergency medical identification symbol. They further urged its adoption as a uniform highway sign in the United States.

The need for a uniform symbol is clear. Studies have indicated that, for the nation as a whole, not more than 40% of patients requiring emergency care are brought to the hospital in an ambulance. The driver of the vehicle which brings them to the ED may need guidance to find the facility.



Major highway signs recommended by AMA for identifying emergency facilities.

More and more the hospital emergency department is becoming a center for the traveler in need of emergency medical care. As Dr. Farquhar said in an article in the May 1969 issue of the *Journal of the Indiana State Medical Association*, "We are past the point in time when we can debate the proper use of the emergency room. We must now face the flood of patients who turn to the emergency room at all hours of day or night or weekend." To those patients who seek care, we must announce the availability of facilities and show them the way.

EMS exercises in a major US city demonstrated that ambulance drivers from other parts of the city did not know routes to and locations of various hospitals capable of providing the needed emergency care.

ACEP supports AMA efforts to establish trail blazing signs on interstate and other major highways to indicate the direction and distance of the nearest qualified emergency medical facility.

A promotional campaign has been urged by the AMA. AMA Executive Vice President Ernest B. Howard, MD, in a letter to state and local medical societies two years ago, asked that they promote the use of

the emergency medical identification symbol through appropriate levels of government.

The AMA has since developed a "Plan for Implementing the Emergency Medical Identification Symbol". The plan very adequately details activities which, if followed on local levels, would ultimately lead to extensive use of the symbol.

In 1970, Henry C. Huntley, director of the HEW Division of Emergency Health Services, supported use of the AMA- and ACEP-adopted emergency medical identification symbol by distributing related literature to state divisions of emergency health services.

Promotional efforts seem to be at a standstill when the need for expanded use of the symbol is greater than ever before. Several states are directing efforts toward a great-

er utilization of the symbol. ACEP applauds their activities and urges greater use of the symbol by everyone involved in emergency medical services.

#### CONTROVERSIAL ISSUES

Two controversial issues have resulted from adoption of the Star of Life symbol. They are the conflict of the white "H" symbol and the definition of a qualified emergency facility.

The US Department of Transportation manual on *Uniform Traffic Control Devices* states "... (that a hospital should have) continuous emergency care capability, with a doctor on duty 24 hours a day, seven days a week". In an April 1972 communication, Dawson A. Mills, MD, chief of the Rescue and Emergency Medical Services Division recommended that:



Founder and past Chairman of ACEP, Dr. Wiegenstein is a member of the College Board of Directors. He is founder of the Tri-County Emergency Medical Services Council and chairman of its Board of Directors. Dr. Wiegenstein is also Medical Director for Lansing (Michigan) Civil Defense and a clinical instructor of emergency medicine at Michigan State University's College of Human Medicine.

"The criterion for fulfilling an 'on duty' category be one of the following:

"A physician on duty within the emergency department;

"A registered nurse on duty within the emergency department, with a physician in the hospital on call;

"A registered nurse on duty within the emergency department, with a physician on call from his office or his home. An up-to-date 'Physicians Watch List' to be posted in the emergency department clearly listing the 'on duty' physician by the days."

Dr. Mills goes on to state: "It should be clearly understood that, in any given locality, a hospital possessing criterion #1 would be given sign priority ahead of one with criterion #2; likewise, criterion #2 would be given preference over criterion #3."

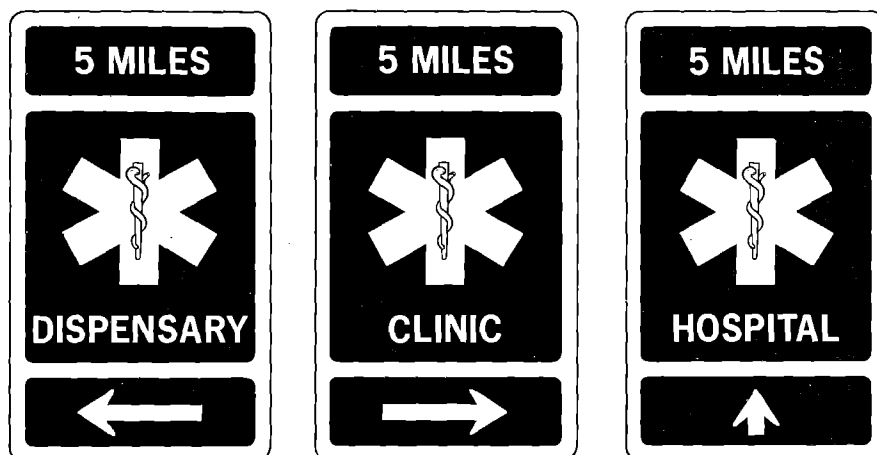
The National Joint Committee on Uniform Traffic Control Devices has similarly considered an emergency medical facility as one that "would accept all emergency cases without prior arrangement and which was properly staffed to handle such cases 24 hours per day".

As indicated in a recent American Hospital Association survey the above reported criteria could be met by 5,519 of the 6,570 hospitals reporting. Ideally patients should only be directed to facilities which have 24-hour onsite physician coverage. This would be 3,390 or 51% of the hospitals qualifying. As more emergency physicians are educated and hospitals are able to convert to 24-hour onsite physician coverage this requirement will become more realistic.

#### CONFLICTING SYMBOLS

The use of two conflicting symbols to indicate hospitals creates another conflict. They are the red cross and the white letter "H".

ACEP agrees with AMA reasoning against the use of the other two symbols. The red cross used by other countries is the copy-



Trail blazing signs recommended by AMA.

righted symbol for the American Red Cross and the white "H" is meaningless for countries using a different type of alphabet.

In the meantime, the National Committee on Uniform Traffic Laws and Ordinances is sticking with the white "H". However, the Committee has suggested experimentation with the "star of life" symbol while also stating that the symbolization of signs should be completed as soon as possible.

While the debate continues, the Board of Directors of the American College of Emergency Physicians concurs with the American Medical Association that the Star of Life emergency medical identification symbol is the most appropriate symbol and wholeheartedly promotes its use. □

For reprints of this article write Dr. Wiegenstein at 241 E Saginaw St, East Lansing, Mich 48823.

The Scientific Assembly Subcommittee is currently reviewing abstracts for original, scientific papers to be presented at the Fourth Annual Scientific Assembly in San Francisco, November 8-10.

All interested physicians are invited to submit abstracts to Ronald L. Krome, MD, Director, Emergency Department, Detroit General Hospital, 1326 St Antoine, Detroit, Mich 48226, prior to July 30.

Final papers must be submitted to Dr. Krome before August 30.