



# Position Statement

## Call for Common Nomenclature for the Profession of Paramedicine

### Position

It is the position of the National EMS Management Association that government and industry alike recognize the term "**paramedicine**" to describe the discipline and profession within which traditional pre-hospital medicine is performed. Paramedicine is the medicine provided by out-of-hospital providers that are licensed as EMS providers, medical transportation services, community paramedics, etc. Furthermore, we believe the term "**paramedic**" should become the standard reference to all individual providers.

### Situation

Across the United States dozens of various titles and designations are used to refer to the organizations and the professionals providing care and transportation of the sick and injured. This is among the many factors stunting the advancement of our profession.

### Background

Publication of the 1966 landmark white paper entitled ***Accidental Death and Disability: The Neglected Disease of Modern Society*** highlighted the lack of any organized system to respond to the sick and injured outside of the hospital. While the paper largely focused on trauma it ignited a fire storm of activity to improve how citizens across the country were cared for when facing an emergency. These included the first-ever national efforts to standardize training programs, communications systems, and more. At the same time the Vietnam War was raging and battlefield medicine techniques developed during that war introduced a plethora of new approaches to emergency medicine to the civilian population. The American College of Orthopedic Surgeons developed one of the first text books to train responders and the ***Emergency Medical Technician*** was born.

In 1972 the network television show ***EMERGENCY!*** became an accidental public relations and marketing tool for the profession, first introducing America to the

word **Paramedic**. Early on, the federal government funded various programs which fueled the development of EMS. However, within a decade, federal funding waned, states and territories began going their separate ways in terms of provider titles, training requirements, agency licensing authority etc. Now some fifty years after the publication of the white paper, our nation has limited shared language to describe who we are or what we do.

### Assessment

A statement published by The National EMS Advisory Council in December, 2016 cited no less than 37 terms used today to describe this field of health care. Just as bad as this bewildering alphabet-soup of names, cringe-worthy labels such as "ambulance driver" still linger in the national lexicon. This has perpetuated confusion amongst members of the general public, the media, law makers and insurance providers. There is no common appreciation of the expertise and breadth of services provided by the paramedicine industry and paramedic providers today.

Additionally members of our own profession sometimes get caught up in protection of our various merit badges titles. This is all inside baseball and means little or nothing to the public we serve nor the politicians who regulate us.

We are not the first to address this issue. Our international colleagues in other English speaking countries have lead the way. Providers in Australia, the UK, and our Canadian neighbors all call providers of pre-hospital medicine **Paramedics**. We will serve ourselves and our profession best by uniting under one flag. The flag of Paramedicine

### Recommendation

Work with professional and trade associations along with government agencies and industry to recognize the term "**paramedicine**" to describe the discipline and profession within which out-of-hospital medicine is performed.

Additionally, advance the term "**paramedic**" to become the standard reference to all individual providers.

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Approved by the National EMS Management Association Board of Directors April 10, 2017