

# President's Page

## Surgery Without Anesthesiologists

By Narendra Trivedi, M.D.



Imagine a major airline removing its pilots and assigning the co-pilots to fly 757s around the world. Would you travel on that airline? Even though air travel has become significantly safer, we all want a fully qualified pilot in the captain's chair—just in case both engines fail and an emergency landing into the Hudson River becomes the only viable alternative. Well, if one would refuse to fly on that airline, why would that same person who requires surgery want to go to a hospital that employs only unsupervised nurse anesthetists?

Within this past year, Governor Schwarzenegger surreptitiously filed a letter with Medicare in an attempt to opt the state of California out of the requirement that nurse anesthetists must be supervised by a physician. While physicians were strongly opposed to the monumental damage to the culture of quality of care for surgical patients, they were, at that point in time, largely powerless to prevent the filing that was strongly encouraged and supported by the nursing unions. Anesthesiologists, like most physicians, are not sophisticated politicians. However, the traditional goal of placing their patient's best interests foremost has prompted them to take legal action against any scientifically unsupported expansion of the scope of practice of nurse anesthetists. Anesthesiologists are resolute in their stance that a physician must direct and supervise nurse anesthetists. Besides, that is the law in California!

Nurse anesthetists' leaders have cited a study that was *commissioned* by the American Association of Nurse Anesthetists, which alleges that nurse anesthetists are the equivalent of anesthesiologists. While nurse anesthetists are to be respected for providing the services they can and do provide under the direction and supervision of physicians, we unequivocally believe that the nature of their training should place limits on their scope of practice. Compared with nurse anesthetists, anesthesiologists receive a vastly more rigorous and intensive medical education and training, one which we are taught throughout to think critically, to diagnose, and to develop the capacity to make medical judgments and decisions. It is this background that anesthesiologists bring to the care of their patients that helps avoid morbidity and lower mortality, so to speak, to land their plane safely in the Hudson.

Anesthesiologists believe that nurse anesthetists should practice within the anesthesia care team mode. Collegially and cooperatively, they should join with Anesthesiologists to find innovative solutions to reduce the cost of health care while improving its quality and access. The safety of patients never should play second fiddle to cost cutting or politicking. One shall not “legislate” a nurse to assume the role of a physician.

### **Committee on the Future of Anesthesiology**

This year I appointed a new committee “the Committee on the Future of Anesthesiology.” I believe that CSA needs to focus much attention on the future of our specialty as healthcare reform proceeds and workforce issues continue. This committee will work to prepare anesthesiologists for future challenges in a rapidly changing healthcare field. It is composed of distinguished CSA leaders who have expertise in this area. This committee’s work will include working with residency program directors to implement innovative changes in residency training programs that will prepare residents for the challenges of healthcare reform.

### **California Medical Association**

The CSA delegation to the CMA Specialty Delegation is based on the number of active voting CSA-CMA members. We currently have two delegate and two alternate delegate positions. The delegates are elected by the CSA Board of Directors for two-year terms and are supported by the CSA. Our current delegation is Narendra Trivedi, M.D., and Peter Sybert, M.D., as delegates, and John MacDonald, M.D., as an alternate delegate. I believe that the CSA’s CMA Specialty Delegation is of great enough importance in representing the CSA at the level of the CMA, such that these delegates should be included in the nomination process conducted by our Committee on Leadership Development and Nominations (CoLDaN). I have, therefore, recommended that the CSA bylaws be changed to include CSA delegates to the CMA Specialty Delegation in the CoLDaN nominations process.

Overall, CSA members have taken active leadership roles at CMA. We have four CSA members who serve on the CMA board of trustees: Virgil Airola, M.D., Benjamin Shwachman, M.D., Michele Raney, M.D., and Lee Snook, M.D., as well as approximately 30 delegates and alternate delegates. Under the leadership of Mark Singleton, M.D., three CSA members recently have been elected as alternate delegates for the CMA’s Hospital Based Practice Forum. I would encourage all CSA members to become CMA members and take active role in CMA activities.

### **Membership Activity**

Since the Annual Meeting, I have been engaged in several recruitment efforts to increase CSA membership. On July 31, ASA President Dr. Hannenberg and I sent a joint letter to former CSA-ASA members encouraging them to rejoin their professional organizations. So far, about 20 anesthesiologists have renewed their memberships. In addition, letters were sent to about 100 California anesthesiologists who never have joined, but have participated in CSA-CME activities. Furthermore, I believe that another major source of members is the Kaiser Permanente Medical Group. Kaiser Permanente is the largest group of anesthesiologists in California, but only about 40 percent of them are CSA members. I believe that we should aggressively recruit Permanente anesthesiologists to become CSA members. Because of this, a targeted mailing to all non-member Permanente Anesthesiologists is now underway. With great support from CSA past-President, Edgar Canada, M.D., I am working to meet with ASMG leadership to achieve 100 percent CSA membership, as this large and well respected San Diego group already has 100 percent CMA membership. All board members should work aggressively to help increase CSA membership.

### **Advocacy**

On September 1, 2010, I held a fundraiser at my home for Ami Bera, M.D. (CA-3), a candidate for the US Congress from the Sacramento area. Dr. Bera is a former Dean of Admissions at UC Davis School of Medicine and one of the top Democratic challengers in the country. Dr. Michael Champeau and Dr. Jeff Mueller helped to obtain a PAC contribution from ASAPAC to support his candidacy. About 50 physicians and distinguished community leaders attended this very successful event, and Dr. Bera received very generous campaign contributions. I would strongly encourage active participation in political advocacy by CSA members.

### **Program Directors Group**

The California Osteopathic Medical Society invited me to speak to their leadership on July 14, 2010. I met with their leaders and anesthesia residency program director. They are very interested in being active members of CSA. I discussed this with Dr. Gelb, Dr. Wald and other CSA leaders and decided to invite their program director to join the CSA Program Directors Group. I hope to build a closer and stronger relationship with the Osteopathic Society and encourage more D.O. anesthesiologists to become active members of the CSA.

### Memoriam to Seymour Wallace, M.D., and Arthur McGowan, M.D.

In the past couple of months, CSA has lost two great leaders and Past Presidents: Seymour Wallace, M.D., (1974-1975) and Arthur O. McGowan, M.D., (1986-87). Both of them had done landmark work on MICRA. Their leadership, vision and hard work dramatically improved the malpractice liability climate for physicians in California.

Finally, I want to encourage feedback from my fellow CSA members. Please contact me with any suggestions you may have for a better CSA. I can be easily reached by email, [narendratrivedi@csahq.org](mailto:narendratrivedi@csahq.org), or through our CSA office.

## YOUR CSA

### CSA Mission Statement

The California Society of Anesthesiologists is a physician organization dedicated to promoting the highest standards of the profession of anesthesiology, to fostering excellence through continuing medical education, and to serving as an advocate for anesthesiologists and their patients.

### CSA Then

The California Society of Anesthesiologists, Inc., is the recognized component society of the American Society of Anesthesiologists, Inc., in the state of California. CSA was founded in 1948 and incorporated in 1953 as a voluntary, non-profit association of physicians interested in the practice of anesthesiology.

### CSA Today

Today, the elected officers and Board of Directors are individuals dedicated to the preservation of the unique specialty of anesthesiology. CSA works closely with ASA to protect the interests of all anesthesiologists, on a national, state and local level.