

2003 CSA Annual Meeting Highlights

President-Elect H. Douglas Roberts, M.D.—Address to the House of Delegates on June 7, 2003

Mr. Speaker, officers, delegates, guests and friends, it is with humility that I stand before you to say thank you for giving me the opportunity to serve as your president-elect this past year. The important events of the CSA during the past year have been aptly summarized by President Dailey. As we prepare to commence the 56th year of the CSA's existence, I beg your indulgence while I make a few comments regarding the coming year.

My predecessor made reference to "The Year of the Committee" as she began her year as our president. Most certainly, in any organization such as ours, the committee (or task force) represents the essence of what we are all about—the tackling and solving of problems we feel obliged to focus upon to better serve our membership. It is my intention to continue in this vein of thought; however, I would shift the emphasis for the next few moments from the committee and reflect upon the individual committee member—The Physician.

To the Physicians hearing (or reading) this—"Consider who you are!" If you look at your license to practice medicine in California, you will observe that you are referred to as a Physician and Surgeon. **You are not merely a health care provider!** The term Physician has multiple definitions—some stated in accepted dictionaries and some either implied or mentioned indirectly in various texts and writings. When we were presented with our M.D. or D.O degree, we were also granted the right to be addressed as "Doctor." More importantly, however, we inherited the profession of medicine from those who preceded us. The profession of medicine is still one of the most revered and respected professions of mankind. Consider who you are. Among a constellation of terms—you are a doctor of medicine or osteopathy, a practitioner of the healing arts, a teacher, a mentor, an ethicist, a scientist, an advocate for your patients, and yes, according to The Old English Dictionary—a spiritual healer! In addition, we as anesthesiologists have chosen to specialize in a very exciting, fulfilling, albeit demanding and exacting segment of the medical profession. We take some of the sickest people and subject them to some of the most potent medications allowed to

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be given to humankind. We then monitor and support them during operations of varying degrees of stress and difficulty. We then deliver these same fragile patients back to the conscious state, often with little or no pain. Consider who you are. We are Physicians first–Anesthesiologists second.

During the upcoming CSA year (2003-2004) a partial list of high priority items to be considered, watched over and worked upon is as follows:

First, I am forming two task forces in an attempt to better serve two sub-groups within our membership. A task force on “Office Based Anesthesiologists,” to be chaired by Dr. Allan Cohen, is already in the formative stages. A second task force on “Pain Practice Anesthesiologists,” to be chaired by Dr. James A. Willis, will also be formed. While the American Society of Anesthesiologists has already begun addressing these same areas of concern, it is hoped that these two task forces will provide useful information to the involved members and at the same time, aid the CSA to further respond to their necessary and specific needs. Three ongoing task forces will also be busy during the upcoming year. They are the Task Force on Sedation by Non-Anesthesiologists, chaired by Dr. Edgar Canada; the Task Force on Disaster Preparedness, chaired by Dr. Kenneth Pauker; and the Task Force on Surveys of Reimbursements and Stipends, chaired by Dr. Linda Hertzberg.

Secondly, in Ventura, California, there exists a most egregious situation. The Medical Staff of Community Memorial Hospital and the administration are embroiled over the question of the right of the medical staff to operate in an independent manner as mentioned, suggested and even guaranteed by various state and federal regulatory agencies—including the Constitution of the United States! CSA will be working closely with the CMA as this legal battle unfolds—the result of which could have profound implications upon how we as physicians practice in the future.

Thirdly, as ever, our Legislative and Professional Affairs Division, chaired by Dr. Virgil Airola, and advised by both our legal counsel, Dave Willett, and our legislative counsel, William Barnaby, and and legislative advocate, William Barnaby, Jr., will find its plate full. As the current California Legislative session began, at least six scope-of-practice bills were tendered, (Physical Therapists (SB77), Acupuncturists (SB867), Naturopathic Physicians (SB907), Clinical Psychologists (AB348), Podiatrists (AB932) and Optometrists (AB186))—all asking to be granted various rights to practice

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medicine in some form or other via the legislative route. Also, the Centers for Medicare and Medicaid Services’ CRNA Opt-Out issue remains a recent memory and demands our ongoing vigilance. In addition, the Anesthesiologist Assistants (AA) are becoming a more visible factor in a number of states, and later today, at the conclusion of the House of Delegates, an informational session will be presented to those who are interested. Other important legislative matters, including the implementation of AB 1455, regarding prompt payment of claims and balance billing by non- contracting physicians, will continue to be monitored and acted upon in the best interests of our patients and the membership of the CSA.

Fourthly, the Educational Programs Division, chaired this past year by Dr. Linda Mason (who is to become our President-elect) and which will be chaired this year by Dr. Barbara Van de Wiele, will continue to work to provide the high quality educational opportunities that has made the CSA a recognized leader in continuing medical education. The joint venturing of the Annual Meeting with UCSD and the hands-on cadaver pain block meetings in addition to the two very notable Hawaiian meetings all deserve a wholehearted “thank you” to a group of hard working and seemingly tireless visionaries. The importance of continuing medical education can easily be seen if one can visualize a 1970s anesthesia machine with its copper kettle, a finger on the pulse, an aneroid blood pressure cuff, and perhaps a “Bird” ventilator—versus—today’s electronic and computer driven anesthesia machines with innumerable monitors along with new and safer medications—all of which were developed and refined by anesthesiologists, scientists, and engineers.

In closing, I would like to give special credit to several teachers and mentors whose kindness, willingness, and patience enabled me to first experience and later enter into the world of anesthesiology. Dr. Don King, Past President of CSA (Don provided me with my first experiences of delivering anesthesia one summer, many years ago); Dr. Hamilton Davis, Chair of Anesthesiology, UC Davis (Hamilton graciously accepted me into his program after I had experienced a year of general surgery residency and realized anesthesiology was a better path for me); and finally, Dr. Marian Carnes, Clinical Chair of Anesthesiology, UC Davis (Marian’s wit, humor, and philosophy enabled me to become a better physician as I gained the necessary educational grounding of an anesthesiologist). Many other physicians, nurses, and patients all contributed as well; however, time (and possibly HIPAA) does not lend itself to report them at this time. Lastly, I thank my lifetime partner, my wife

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Karen, for all her support, patience, thoughtful and helpful criticisms—from medical school days to the present.

In summary—remember who you are—you are a physician who practices the specialty of anesthesiology. As we strive to make anesthesiology ever better and safer for our patients I leave you with a “Yogi Berra-ism”-like statement which perhaps summarizes what we as physicians intuitively know: “The more we learn, the more we realize the less we know; hence, the more we study to learn about what we don’t know!”

Remember who you are! Your patients are depending upon you!

Thank you.

CSA 2003 House of Delegates

By Edgar Canada, M.D., CSA Speaker of the House of Delegates

The 44th Annual Meeting of the California Society of Anesthesiologists’ House of Delegates was held at the Disneyland Hotel in Anaheim, California, on June 6 and 7. The Reference Committee Hearing occurred the Friday night before the actual session of the House of Delegates, on Saturday, June 7. This two-day format allows for the greatest participation of all members and gives the Reference Committee extra time to compile the Reference Committee Report. This article will deal with some of the highlights of actions accomplished at the meeting. A complete record of the House of Delegates is available through the CSA office by requesting a copy of the “Summary of Proceedings.” Additionally, any delegate, alternate delegate, director, or officer should be able to answer your questions about the meeting.

Many guests were present, including Dr. Robert E. Hertzka, President-Elect, California Medical Association and CSA Member; Dr. Thal Boyette, President, New York State Society of Anesthesiologists; Mancia Corey, R.N., President, PeriAnesthesia Nurses Association of California; Suzanne Ward, R.N., Associate Member, Association of Operating Room Nurses, California Chapter; and Gary Jones and Mike Nichols of the American Academy of Anesthesiologist Assistants.

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The President, Patricia A. Dailey, M.D., and the President-Elect, H. Douglas Roberts, M.D., gave their respective reports to the House of Delegates. Dr. Roberts’ address appears on page 16. Dr. Dailey’s address appeared in the April-June 2003 issue of the *CSA Bulletin*.

The House of Delegates approved a new Investment Policy for the CSA with more specific guidelines and limits on investments for the society. The President was directed to appoint a task force to deal with the issue of practitioners other than anesthesiologists providing sedation for office, outpatient, and inpatient procedures.

The manner of election of director, delegates, and alternate delegates for the resident district, District 15, was changed. The new method allows for alternate delegates to automatically become delegates. The district director is elected from the delegates currently serving. This new manner of selection allows the director and delegates to gain experience prior to serving.

A resolution dealing with the standardization of pharmaceutical packaging was passed. This resolution will have the CSA work through representatives to the ASA and the Anesthesia Patient Safety Foundation to standardize the appearance and concentrations of the common medications used in the practice of anesthesia.

Another resolution asked the CSA to pursue legislative and/or regulatory efforts to guarantee that drug-testing facilities have the ability to distinguish, by secondary analysis, between positive results from use of opiates and positive results due to poppy seed ingestion. Additionally, the CSA, through its delegation to the CMA’s Specialty Delegation, will work to achieve this goal.

The CSA House of Delegates approved a policy on pediatric anesthesia dealing with establishing a plan of care and setting criteria for practitioners providing pediatric anesthesia care. The full text of this policy along with commentary by Mark Singleton, M.D., appears on pages 33-37 and is available at the CSA website (http://www.csahq.org/pedi_policy.pdf) or from the CSA office.

In summary, at the 44th Annual Meeting of the California Society of Anesthesiologists, the House of Delegates addressed significant issues of relevance to the practice of anesthesia within California. Don’t miss being a part of this dynamic process next year. Plan now to attend the 45th CSA Annual Meeting

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of the Reference Committee and House of Delegates in San Diego on May 21-22, 2004.

2003 Distinguished Service Award—Stephen Harvey Jackson, M.D.

Presentation by R. Lawrence Sullivan, Jr., M.D.

In 1974, the leaders of the CSA established its highest recognition, the Distinguished Service Award. Since that time, this award has been bestowed upon eighteen individuals, many of whom are legendary figures of this organization.

Two years ago, the House of Delegates voted unanimously to present to Dr. Stephen H. Jackson the Distinguished Service Award for his outstanding and meritorious service to anesthesiology and to the CSA, the nineteenth person to be so honored. For those of you who may not be aware, the House also voted that same year to present this award to Dr. Thomas Joas, who also was a most worthy recipient. The decision by the House to award the DSA to two individuals in one year was somewhat of a Bylaws anomaly which has since been corrected. For a number of personal and logistical reasons, Dr. Joas was honored last year prior to the Leffingwell Lecture at the Annual Meeting in Palm Springs. This year we are again gathered at the time of the Leffingwell Lecture to honor Steve Jackson, one of CSA's and ASA's greatest members ever.

Before I introduce Dr. Jackson, I would first like to welcome Steve's family including his lovely wife Suzanne, who, as the former Mayor of Monte Sereno and the past president of the CMA Alliance, also has some political notoriety, and his children, Eva, Ethan, and Gabrielle, all of whom Steve is immensely proud. I know that Steve would agree that his success in his career could only have come with their many years of support, patience, tolerance and understanding.

Steve and I have shared a professional bond in our practice of anesthesiology and within the leadership framework of the CSA. This has led to a very special and meaningful friendship for over 30 years. I would ordinarily be tempted to use this opportunity to reveal some of the more humorous aspects

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of his career, but given the special nature of this occasion, I will try to resist such meanderings.

I first met Steve when I began my residency in anesthesiology at Stanford in December 1972. As one of the shining stars and most effective teachers of that department, Steve carefully nurtured me through my first month of surgical anesthesia, instilling many of the essentials of good anesthesia practice that I still employ today—although I have to confess that I have yet to master the art of establishing a steep Trendelenburg position while intubating a patient with a full stomach during a crash induction—a patented Jackson maneuver. After spending a month with Steve, it was with great disappointment that I learned that he was leaving Stanford for new challenges in community practice at the Good Samaritan Hospital in San Jose. What was Stanford’s loss clearly became “Good Sam’s” gain. Two years later, when I was searching for opportunities in the private sector, Steve pointed me to O’Connor Hospital just down the road from Good Sam. I have often wondered if he feared what would happen if the two of us practiced in the same hospital.

At Good Sam, Steve quickly established a reputation for excellence and integrity among the medical and nursing staffs. When anesthesia related problems developed either within his hospital or in the community, Steve’s counsel was often sought. He became the conscience for many of us, and he enjoyed the unqualified respect and admiration of his peers. Steve served as department chair at Good Sam for several years, and he continues to chair the Bioethics Committee of that institution. Our paths have frequently crossed, not just within CSA, but in our joint efforts to bring the anesthesia community in San Jose closer together for both educational and political reasons.

Steve came upon the political scene of CSA with that “fire in his belly,” that passion to advocate for the highest standards of our profession, for ensuring a safe environment for the anesthetized patient, and combating the economically inspired intrusions of managed care. In 1982, he demonstrated that political passion in a successful election for the district directorship against an incumbent. His presence on the CSA Board of Directors has significantly influenced innumerable issues ever since. He has served on a multitude of committees of the Society, chairing the Committees on Legislation, Rural Anesthesia, Liaison with the California Dental Association, GASPAC, and the Committee on Physician Health and Well-being, which he continues to

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chair. He served as President of the CSA with distinction from 1989-1990, and unlike some of his predecessors, he did not drift off into the sunset when his term was completed. His presidential year was punctuated by the successful passage of legislation authored by then-Assemblywoman Jackie Speier, which established a permit process for dentists wishing to use conscious sedation in their offices. He served as Associate Editor of the *CSA Bulletin* for six years, and then in 1997, he succeeded Dr. Art McGowan as Editor, overseeing in precise detail this popular and informative publication. From this platform, Steve has incessantly challenged our thinking on a variety of health care issues.

Within the American Society of Anesthesiologists, Steve Jackson has been a member of the House of Delegates for over 15 years. He has served on numerous committees and task forces, many of which he has chaired. His most important contributions have been on the prestigious Committee on Ethics which he has chaired since 1992.

At the California Medical Association, Steve has served in many capacities, most importantly on the Council of Scientific Affairs since 1991 and within the Specialty Delegation, where he is recognized as a voice of reason and experience among representatives from 26 other state specialty societies.

After many years as a member of the Medical Advisory Committee of the Santa Clara County Medical Association, Steve just completed a term as Vice- President of External Affairs, being responsible for the Association’s political agenda. Recently he was asked and agreed to become President-elect of this 3,000 plus member organization.

It is no surprise that Steve Jackson has risen to the top of his profession. In high school, he was valedictorian of his class. As an undergraduate at Princeton, he received numerous awards and graduated Phi Beta Kappa. After four years at Harvard Medical School, he completed his residency in anesthesiology at the Massachusetts General Hospital. Following two years of research in anesthesia at the National Institutes of Health, Steve joined the Stanford Faculty in 1969 where he was Director of the Cardiac Anesthesia Service as well as the Director of the Teaching Program for Interns and Medical Students. Steve has authored over 100 published articles, including numerous book chapters, and he has been a visiting professor at major university anesthesia departments. His earlier research focused on neuro-

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muscular blocking agents and the toxic effects of inhalation anesthetics. He was a key investigator in a study which confirmed the nephrotoxicity of methoxyflurane. As many of you are aware, during the past few years, Steve has written and lectured extensively on ethical issues in anesthesiology, stress management for physicians, and the problems of drug abuse in our specialty.

While Steve's willingness to take on more and more projects might raise concerns about being overburdened, I have become convinced that his capacity for work is unlimited. Although many of his contemporaries have long since retired, Steve continues to thrive among his younger colleagues, taking an equal share of call and caring for a wide range of sick surgical patients.

As you can see, Steve Jackson is the consummate physician and anesthesiologist. He has excelled as a clinician, as an educator, as a writer, as a patient advocate, and as a humanist.

At the time of his induction as CSA President in 1989, Steve Jackson stated and I quote: "I promise you that I shall expend my very best efforts to assure the CSA's continued effectiveness on your behalf and its uninterrupted commitment to excellence, to promote and protect the best interests and vitality of our specialty of anesthesiology, and to extol the principles and philosophy of a humanistic and humanitarian approach to the practice of medicine and anesthesia." Stephen Jackson has kept that promise not just for his year as President, but within every aspect of his professional career. He has truly exemplified the very highest values of a physician in his practice of medicine as an anesthesiologist.

It is thus my distinct privilege to present to you the recipient of the Distinguished Service Award of the California Society of Anesthesiologists for the year 2003, Dr. Stephen H. Jackson.

Acceptance Speech by Stephen Harvey Jackson, M.D.

I want to thank you, Larry, for that very kind and thoughtful presentation. I have only the greatest respect for you, Larry, as a physician, as an eloquent spokesperson for our specialty, and as a kind and compassionate human being. I am indeed blessed with your friendship. Thank you again.

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I want to express to all of you how honored I am to be receiving the California Society of Anesthesiologists’ Distinguished Service Award. This is indeed a most special recognition. The Nobel Laureate Tagore wrote,

I slept and dreamt that life was joy. I woke and found that life was service. I acted and behold, service was joy.

Indeed, through worthy organizations such as the CSA, I too have found that service to both my patients and my fellow anesthesiologists has brought me joy. The CSA’s mission is to promote the highest standards of the profession of anesthesiology and to work as an advocate for anesthesiologists and their patients. And during my three decades with CSA, I believe that my advocacy on behalf of CSA members has benefited their patients by empowering and enabling anesthesiologists to maximize their quality of care.

Ladies and Gentlemen: Medicine is a moral enterprise, one that is grounded in the special personal relationship between a human being who is ill and a human being who professes to heal. Illness is an altered state of existence in which the fundamental perceptions of one’s own humanity changes, a vulnerable state in which one seeks out another who possesses the knowledge, skill and compassion requisite for healing and caring.

The service of professing and possessing the ability to heal involves a promise, the physician’s promise to the patient to obtain and hone the skills necessary to cultivate and restore health, to cure disease, and to alleviate suffering. The profession of medicine is one of implicit promise making. This unspoken covenant of trust between patient and physician is integral to the service of healing and it imposes real ethical responsibilities and moral obligations on both the physician and the patient.

The moral authenticity of the healing act is measured by the fullness with which it remedies the afflicted state, by the realism of righteous creeds and virtuous deeds. Thus, we can understand why medical morality is grounded in a philosophical conception of the healing transaction and why medicine is indeed a noble, humanistic calling.

You might know that for a long time I have urged and cajoled all of us to focus on the humanistic aspects of the practice of anesthesiology. Advocating for nurturing the well-being of ourselves and our fellow practitioners is advo-

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cating for the well being of our patients. Competence and contentedness are synergistic. The goal of the humanistic approach is to bring this kind of wholeness to the unique encounter between anesthesiologist and patient. My reaction to the gradual dehumanization and depersonalization of the practice of medicine has been to champion the art, as well as the science of anesthesiology. After all, medicine is not only the most scientific of the humanities, but the most humanistic of the sciences.

Before I conclude my remarks I want to acknowledge my loved ones who have come here this morning, some from quite afar, to share this wonderful occasion. I wish to recognize my wonderful children, Eva, Ethan and Gabrielle. Please, stand and be acknowledged. Each of them, in their own right, is a most unique and special human being, and our mutual love and respect sustain my very existence. I also wish to recognize my wife, Suzanne, who has unfailingly encouraged and supported my pursuit of service to my profession and my patients. Suzanne, please stand and be recognized. Hugs and kisses to all of you, and also to Eva’s husband, John Hernandez. Please stand, John, as well as Ethan’s friend, Catherine Smith. Thank you all for being here with me this morning.

I have been asked if all the time and effort that I have spent in trying to make my specialty a better one has been worth it. To this I must answer with a resounding “Yes,” because such service has enriched my life far beyond that accrued from my role as a practicing anesthesiologist. So it is with these hopefully not too soporific remarks that I accept this revered award, one that I accept not only for myself, but also for my CSA colleagues—many of whom have served as mentors for me—and also for the CSA, an outstanding organization within which anesthesiologists such as myself are privileged to pursue a journey of service.

In closing, I hope to be able to continue to be of assistance in improving the quality of the lives of anesthesiologists and their patients as long as I can, at least until that final day when I will qualify for the Extinguished Service Award! My sincere gratitude to all of you.