

2008 CSA Annual Meeting

Address of CSA President-Elect Michael W. Champeau, M.D.



Thank you, Madame Speaker, and good afternoon. I thought I would dispense with the usual formal salutations today and simply address you all as “friends.” It is one of the great honors of my life to have been elected as the 57th President of the California Society of Anesthesiologists, and I want to express my sincere gratitude to all of you for the confidence you display in our Society by being here. I would like to add my welcome to our visitors from around the country who are with us today, and I want to make a particular point of acknowledging the support of my partners in the Associated Anesthesiologists Medical Group in Palo Alto. Without their willingness to arrange their schedules around mine, I would simply not have been able to devote the time and energy necessary to help advance the work of our society. Finally, I want to thank our president, Dr. Virgil Airola, for his gracious and insightful mentoring throughout the past year. Virgil gave me an unobstructed view of the inner workings of the CSA and set a dignified example of professional society leadership. Thank you, Mr. President, for all your efforts on behalf of the CSA.

My purpose here today, as your next president, is to share with you my vision of the CSA’s mission and our collective goals for the upcoming year. During the course of my year as president-elect, as part of my preparation for assuming the presidency, I attended a variety of conferences regarding the governance of non-profit associations and professional societies in general. I must admit that I was somewhat surprised to learn that there are literally thousands of societies and associations in this country, ranging from the well-known, such as the American Cancer Society and the National Rifle Association, to the more obscure, such as the National Chain Link Fence Manufacturers Association. The core purpose of all these associations, summed up in three words, is “**to give voice**”—to give voice to those who individually are too small, or too insignificant, to have their voice heard. The individual anesthesiologist, just like the individual chain link fence manufacturer, simply does not have the resources to make his or her voice heard in the public arena on matters of interest to the profession, or to society as a whole. But, by banding together into societies and associations, by speaking with a united and, sometimes, louder voice, individuals with common interests have a far better chance of having their message heard. Each association, regardless of its size, or the activity with which it is associated, exists to give voice to its members.

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As anesthesiologists, we have the good and great fortune to practice the noblest of professions, for what higher calling could possibly exist than the alleviation of human suffering? We do this so commonly, so routinely, that we do it almost without thought of the miracle it entails. Yet, despite this noble calling, we are locked in a perpetual struggle against those who seek, for their own economic gain, to define our role and our value. Governmental agencies, insurers, hospital administrators, and others hoping to profit from our skill and our compassion all seek to define our role and worth. Without organized anesthesiology, the individual anesthesiologist has no voice in the struggles with these powerful adversaries. But, by banding together, we can have a voice.

What happens, though, if we don't agree on what needs to be said? No single issue will be of importance to all anesthesiologists, and many physicians cite this fact as their justification for remaining outside the world of organized medicine. Respect for, and support of, one another's issues is the very essence of speaking with a united voice. We must always resist the temptation to believe that just because the issue of the moment is of minimal significance to us personally that it is unimportant to the profession.

As anesthesiologists, we understand the importance of resisting those who seek to define us to their own advantage. But, unfortunately, the CSA's resources are not infinite. We simply do not have the money, or in some cases even the legal right, to take on billion-dollar insurance companies head-to-head, nor can we conduct multi-million dollar public relations campaigns. But, by pooling our funds with other physician societies, by leveraging our influence, by picking our fights carefully, we can fight the good fight, and we can continue the struggle against those who seek to profit from our noble profession. By partnering with the California Medical Association, and by leveraging our resources through the judgment, skill and influence of our legislative and legal advocates, we will fight these adversaries in Sacramento and, when necessary, in the courts. But, most importantly, and most cost-effectively, we *must* fight them, day in and day out, in the hearts and minds of our patients, whose suffering we have ameliorated.

Our successes in these battles will be nuanced and at the margin of public awareness, unlikely to be caught in the spotlight of media attention. But, that does not mean that they are unimportant.

Were we simply a trade association, our mission would go no further than economic advocacy. We, however, practice a noble profession, so our mission must also be noble. We need to continue to use this voice that we have created to protect our patients and advance their safety. We need to continue to offer high-quality continuing education to both our members and other physicians,

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so that they may answer the calling of our profession with knowledge and skill. We need to use our “bully pulpit” to defend the honor and the integrity of the profession, never allowing it to be debased by others, or by ourselves. These, then, are the missions of our society with respect to the outside world.

But we also have an internal mission. Those of us here today are heirs to the honored traditions of our Society. Our predecessors have left us with a legacy of integrity and accomplishment. We need to honor that tradition, not by encasing in amber, but rather by adapting the practices and the governance of the society, within that tradition of integrity and accomplishment, to the needs of the current generation of California anesthesiologists. We cannot merely pass the society on to the next generation in the same condition in which it was passed to us. It is our obligation to improve it.

I believe we must strive to provide real value to our members. For too many years, we have relied upon our members’ altruistic motivations for joining our society. Most of our members join simply because they think it is the right thing to do. While we certainly do not want to disabuse them of their altruistic notions, we cannot continue to rely purely upon the practice of good citizenship to retain and grow our membership. We need to provide tangible reasons for anesthesiologists to want to be a part of organized anesthesiology. We need to make the CSA the place to which members turn for reliable advice and assistance when the going gets tough. We need to continue to offer both free, relevant CME via our *Bulletin* and our Web site, and significant discounts to our members at our traditional CME courses. We need to engage our members in the ways they prefer to be engaged, rather than in the way our leadership prefers to engage them. We must change with the times to remain relevant to Generation X and Millennial members who, in their perceived interest in life-work balance, may well view professional society membership quite differently than do our aging Baby Boomer leaders.

We need to take a hard look at many of our time-honored traditions to see if they still pass muster in the Information Age. During the past year, I chaired a task force on leadership development in an attempt to change the way the society goes about identifying and mentoring future leaders. I submitted a resolution to this House of Delegates, in effect asking the delegates themselves to examine the institution to see what could be done to make it more relevant to the society and its members. During the upcoming year, I believe we should take a similar look at our Board of Directors’ meetings and at our quarterly *Bulletin*. In deliberating these issues, we want to employ knowledge-based decision making, which means we need to find out what our members want.

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All of us in this room have been touched by a variety of mentors, a handful of whom have made significant impressions upon our lives. One of my mentors, Frank Sarnquist, was among many other things a former member of this House. A few years ago, during an unplanned hiatus between chairmen in the Department of Anesthesia at Stanford, Frank was asked by the Dean to assume the role of acting chair, a role that he filled with distinction for over two years. During that stint, Frank once told me that there were, in his view, two types of leaders: visionaries, and the guys who make the trains run on time. Although without peer in his integrity and in his pursuit of all the adventure that life had to offer, Frank considered himself the latter. I believe that I, too, fall into that category.

So, as we move to improve our society, I ask you to bear in mind that, like the former President Bush, I make no claims to doing “the vision thing.” I am asking for your help, your ideas, your engagement and your open minds as we re-examine the workings of the CSA. Let’s pull together to make the Society we pass on to the next generation even better than that which we have inherited.

In conclusion, I know the upcoming year will have its ups and its downs, its rewards and its frustrations, its successes and its failures. But, just like those people standing in line at the Universal Studios theme park across the street waiting for their turn on “Revenge of the Mummy” or “Jurassic Park,” I’m looking forward to a great ride. If they were here, my sons would tell you that normally when I’m standing in line for any sort of thrill ride, I’m more than a little apprehensive. But as I stand here today and await this ride, I am not afraid, because I know that all of you are going to be there beside me.

Thank you very much for your kind attention.

ABA Numbers for Reporting CME credits!

New benefit!

Starting with the 2008 Annual Meeting that took place in May-June, CSA will be reporting CME credits earned to the American Board of Anesthesiology. These credits will be counted as Lifelong Learning and Self-Assessment activities toward your Maintenance of Certification in Anesthesiology (MOCA) requirement. In order to report these credits, doctors need to provide their ABA number. To obtain an ABA number, visit www.theABA.org and create a personal portal account.