

EDITORIAL

FACTORS AFFECTING THE SUPPLY OF ANESTHESIOLOGY RESIDENTS

ONE of the common criticisms directed against medical anesthesia has been the limited number of physicians specially trained in anesthesia. This deficiency is being rapidly corrected, more rapidly than many people realize.

In an attempt to increase the number of physicians anesthetists and eliminate the basis of criticism, physicians have been encouraged to set up residency training programs in anesthesia. In those hospitals where there is an inclusive teaching program and clinical work is adequately supervised by experienced clinicians, where the resident is taught to practice anesthesia on a professional basis and to deal with patients as a physician should, a residency of two or three years will provide well-rounded training. The primary consideration should be the education of the resident physician and not his services to the institution. But in hospitals without sufficient instructors, without adequate library facilities, without adequate clinical material, the result may be an inadequately trained anesthesiologist. To be an expert technician is a necessity but it is not the only criterion for a physician-anesthesiologist.

In actual fact there has been a 50 per cent increase in available approved residencies within the past two years. Some of these residencies have not been filled. As of September 1, 1949, however, there were offered 731 residency positions in anesthesiology with about 624 residents in training. It appears therefore that the supply of available residencies has increased more rapidly than has been necessary to provide training for the present number of physicians interested in the specialty as their life's work. This creates the illusion that the number of physicians interested in anesthesia training has sharply decreased.

One aspect of the solution of the problem is to improve the residency programs and make them more attractive. The number of residency vacancies indicates that substandard training programs which exploit the resident by offering too little instruction and too much drudgery could be eliminated without depriving any physician of the training in anesthesiology which he desires. It is conceivable that reducing the number of training centers for anesthesiology may actually increase the total number of residents in anesthesiology.

The other aspect is to increase the demand for training in anesthesiology by a coordinated effort of all present anesthesiologists to

establish the practice of anesthesia on the same basis as other forms of medicine. The anesthesiologist should be a professional practitioner, not a hospital employee. Anesthesiologists either as individuals or groups should not enter into a relationship with any corporation which enables it to offer the services of the physician for a fee. Only in this manner will a larger number of young physicians foresee in anesthesiology sufficient opportunity to be attracted to the specialty.

RICHARD FOREGGER, M.D.,
Assistant Professor of Anesthesiology,
Marquette University School of Medicine,
Milwaukee, Wisconsin.