Volume 37, No. 5
November 1972

THE JOURNAL OF Anesthesiology
THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS, INC.

Editorial Views

Who Speaks for Anesthesiology?

MOST GENERATIONS claim to have attained a degree of complexity never previously equaled. Ours is no exception, and our complexity will alter the practice of medicine as never before. Anesthesiology, as a major specialty in medicine, will also change, shaped and influenced largely by the various organizations responsible for the myriad decisions concerning the specialty.

While most anesthesiologists have some understanding of the organizations which speak for them, as well as the agencies which speak to them, few have a clear idea how the pieces of this puzzle fit together. It seems especially important now that the anesthesiologist know who speaks for his specialty. In 1965, Dr. Perry Volpitto, then President of ASA, testified before the Senate Finance Committee concerning the way in which anesthesiology was, and still is, practiced in the United States. When Medicare legislation ultimately was implemented, anesthesiologists practicing privately were reimbursed like other physicians in the private sector of medicine. Such testimony helped preserve a matrix in which a growing and viable specialty could continue to flourish. The ASA had spoken for the American anesthesiologist and his health-care delivery system.

In addition to the ASA, there are other organizations representing and speaking for their special areas in anesthesiology. The American Board of Anesthesiology (ABA) is one of 22 specialty Boards which comprise the American Board of Medical Specialties, an autonomous organization which relates to but is not a part of the American Medical Association. The ABA arranges and conducts examinations to determine the competence of physicians who voluntarily apply. The responsibility for residency program inspection and approval lies with the Council on Medical Education of AMA, through its Residency Review Committee for Anesthesiology, comprised of three representatives from the American Medical Association and three Directors of the American Board of Anesthesiology. While the ABA determines the eligibility of each candidate for entrance into its examination system, all changes in the character and duration of residency training must be approved by the Council on Medical Education and the House of Delegates of the AMA. The ABA strives to be responsive to input from the 180 Program Directors and solicits their advice, opinions, and reactions both by mail and during biennial program directors' meetings. The eleven members of ABA's Board of Directors, then, speak for anesthesiology in areas that pertain to the certification of its specialists.

Today, anesthesiology has a louder voice in the AMA than ever before. This voice resulted from the formation of AMA Specialty Section Councils, which are comprised of proportional representation from the various societies within a given specialty. Six of the seven members of the AMA Section Council on Anesthesiology represent the ASA and are elected by the ASA Board of Directors. The seventh is elected at open session of the Annual Scientific Program of the AMA Section Council on Anesthesiology. Each Section Council not only has its own delegate to the AMA House of Delegates, but also has the advantage of speaking directly to the AMA Board of Trustees. Additionally, the ASA

elects a representative to the AMA Interspecialty Committee.

The Association of University Anesthetists was founded in 1953. Its purpose was to promote and discuss teaching and research, which means that this association, too, speaks for anesthesiology. Membership is by election, and attendance at its annual meeting for nonmembers is by invitation. A second academic organization, founded primarily to create a forum for discussion of areas peculiar to the academic environment, is the Society of Academic Anesthesia Chairmen. Membership is automatic for the chairmen of medical school departments, and attendance at its annual meeting is restricted to members. Their discussions have included such topics as curriculum, management, fringe benefits, and recruitment. The Society of Academic Anesthesia Chairmen could play a role of major importance not only to academia, but to the specialty. For example, the academic community must be involved with planning for future manpower requirements in anesthesiology.

There are a number of organizations concerned with education which cut across specialty lines in which anesthesiology has representation. Representation from the ASA to the AMA through the AMA Section Council and Interspecialty Committee has already been mentioned. The American Board of Anesthesiology elects two of its Directors as representatives to the American Board of Medical Specialties and presently enjoys the prestige of having a third Director chair one of the most important committees of this organization. The Council of Medical Specialty Societies, founded in 1967 by a group who felt that American medical specialties did not have sufficient voice in the AMA, has attained an unusually influential position in a short time. The ASA is a member organization of this Council.

Input from anesthesiology to the Association of American Medical Colleges derives primarily from the individuals who chair the departments of anesthesiology in the medical colleges. At a time when experimentation with medical school curricula continues and 36 of the nation's 108 medical schools produce "M.D.'s" in three years, the role of medical school departmental chairmen in anesthesiology becomes vitally important to this specialty. As a medical student becomes lockstepped in his specialty orientation ever earlier in his curriculum, the recruitment process will be dangerously impeded if some time for education in anesthesiology is not zealously protected.

Reports of the Millis Commission and the Carnegie Foundation have supplied the winds for changes in medical education at both graduate and undergraduate levels. The Liaison Committee for Medical Education, in existence since 1942, is comprised of six representatives each from the Association of American Medical Colleges and the AMA Council on Medical Education plus one representative each from "the public" and the Department of Health, Education and Welfare. In this Committee important dialogue concerns the ongoing changes in medical school curricula. Soon, there will be established a Liaison Committee on Graduate Medical Education, which will be comprised of representatives from the AMA Council on Medical Education, the Association of American Medical Colleges, the American Board of Medical Specialties, the Council of Medical Specialty Societies, and the American Hospital Association. These liaison committees will constitute the basis for a Coordinating Council on Medical Education to consider policy measures for both undergraduate and graduate medical education for referral and study by parent organizations. With the Association of American Medical Colleges seeking a hegemonic role, all input concerning education in anesthesiology must be consistent if it is to be heeded. Widely divergent opinions about teaching within our specialty will serve only to erode present strengths and inhibit the potential for the further growth of anesthesiology in medical curricula.

When one asks, then, "Who speaks for education in anesthesiology?" the lines of influence emanate from the American Society of Anesthesiologists through the Section Council and Interspecialty Committee to the AMA, and to the Council of Medical Specialty Societies. The lines of influence also include the American Board of Anesthesiology, which provides input to the AMA Council on Medical Education through the Residency Review Committee and through the American Board of Medical Specialties to the Liaison Committees on Graduate Medical Education. Chair-

men of Medical School Departments of Anesthesiology provide input to the Association of American Medical Colleges. A question of even greater importance about education in anesthesiology, "What are they saying?", is more complicated, and depends upon the positions taken by the parent organizations. There has never been a more important time to know what each other says and to establish a consensus. As the numbers who say the same thing increase, so the voice becomes louder—and, hopefully, clearer.

While many organizations speak for education in anesthesiology, the ASA is the principal spokesman for the American anesthesiologist in a number of other areas. In a growing number of instances, the ASA has provided testimony, counsel and expertise for various governmental agencies. Within the past six months, ASA representatives have testified before the Secretary's Commission on Medical Malpractice Insurance and have been invited to supply expertise concerning proposed legislation on the safety of medical devices. The ASA Committee on Mechanical Equipment provides representatives for the Anesthesia Subcommittee (Z79) of the American National Standards Institute and the International Standards Organization in a continuing quest for both national and international standards in anesthesia and respiratory therapy equipment.

The ASA Committee on Flammable Hazards and Electrical Equipment sends delegates to the National Fire Protection Association (NFPA), which sets the accepted standards for safe practice in industry as well as in hospitals. The Committee also provides two of the 20 members of the NFPA Committee on Hospitals, which writes Standards 56A, the bible for hospital safety regarding flammable and electrical hazards.

The ASA also elects 12 members who serve on the governing boards of various inhalation therapy organizations. Such service has been difficult at a time when these organizations have fought not only for an identity, but also for direction in a rapidly-expanding paramedical field. These ASA representatives, along with their counterparts from the American College of Chest Physicians and the American Thoracic Society, have provided both guidance and leadership to the American Association of Inhalation Therapists, the American Registry of Inhalation Therapists, the Joint Review Committee for Inhalation Therapy Education, and the American Association of Inhalation Therapy Technician Certification Board.

Anesthesiologists also speak for their specialty in an advisory capacity to both governmental and nongovernmental bodies. The Advisory Committee on Respiratory and Anesthetic Drugs of the Food and Drug Administration is chaired by and primarily composed of anesthesiologists. Anesthesiologists also constitute the membership of the Anesthesia Advisory Panel of the United States Pharmacopoeia. The contributions made by these anesthesiologists obviously have far-reaching effects upon all of medicine.

A committee of anesthesiologists, appointed by the Joint Commission on the Accreditation of Hospitals, recently spoke for the American anesthesiologist. For the first time, the Standards for Anesthesiology clearly stipulate that only a physician can be responsible for the administration of anesthesia.

Most significant, perhaps, is the fact that anesthesiologists, now more than ever before, are talking to each other. While the ASA continues to be the primary spokesman for the American anesthesiologist, it must now serve as a marshalling force for every segment of the specialty if its strengths are to be preserved in an era of transition. The ASA Ad Hoc Committee on Anesthesia Organizations was activated at the 1971 Annual Meeting to serve as a forum. The Committee is made up of representatives from the ASA, the ABA, the AMA Section Council, the Society of Anesthesia Academic Chairmen, the Association of University Anesthetists, and the Anesthesia Foundation. The existence of a forum for these representatives from the major organizations in American anesthesiology is a source of great reassurance at a time when words must be measured carefully and thoughts expressed responsibly. Ultimately, what is said will reflect the consensus of American anesthesiologists as they strive to achieve what is best for the specialty and the patients it serves.

E. S. Siker, M.D.
President
The American Society of Anesthesiologists