

## ■ REPORTS OF SCIENTIFIC MEETINGS

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### World Congress of Anaesthesiologists. Sydney, Australia, April 14–20, 1996.

Multinational business corporations, world sports competitions, and international news agencies are bringing the world together. So also is the World Congress of Anesthesiologists, which met recently for the eleventh time, with the theme "Anaesthesiology—Coming Together 150 Years On." The World Federation of Societies of Anaesthesiologists sponsors this meeting, which has been held quadrennially since 1960. The Federation and meeting objective is to "make available the highest standards of anesthesia, intensive care, pain control and resuscitation to all peoples of the world."

Delegates sensed they were attending an important international meeting. More than 6,000 anesthesiologists from 103 countries attended, with approximately 500 from the United States. This was the largest World Congress, and the largest medical meeting ever in Australia. Sir William Deane, the Governor-General of Australia, opened the Congress with a speech calling for more recognition for anesthesiologists. He said, "In surgery, particularly major surgery, where the basic modern concept is that of the team approach, the staggering advances in all the various subspecialties would not have been possible if there had not been a concomitant advance in patient assessment, anesthesia and post-operative support and management—all of which are carried out by the anaesthetist."

**History.** This World Congress commemorated the 150th anniversary of modern anesthesiology, which began with the successful public demonstration of ether anesthesia by William Morton. At the opening ceremony, delegates were treated to a live tour, *via* video satellite connections, of the operating theater at Massachusetts General Hospital, where this demonstration occurred.

Several program sessions focused on the history of anesthesia practice. Thirty national speakers described how modern anesthesia arose in their countries. Together, they documented the quickness with which anesthesia knowledge spread after Morton's demonstration on October 16, 1846. Dr M.T. Cousin described an ether anesthetic on December 15, 1846, in France, and S.M. Basu reported its use in Britain on December 19, 1846, and in India, in February 1847. W.J. Hanna reported a successful anesthetic with ether in Jamaica by March 30, 1847; R.S. DeLeon described its use in Guatemala on November 30, 1847. A compendium of abstracts for all invited and submitted presentations and posters at the meeting will make this information available for future use.

**Multinationalism.** The scientific program was organized into categories, with multiple speakers, generally from different countries, presenting short (10–30 min) talks. This format stimulated interest and facilitated point-counterpoint discussions. For instance, during a session on general anesthetic agents, E. Eger (USA) identified desflurane as superior to sevoflurane in the areas of bioelimination, toxicity, and cost. K. Ikeda (Japan) reported that sevoflurane anesthesia has been administered more than 2.5 million times since its approval in Japan in 1990, with little toxicity identified. C. Prys-Roberts (United Kingdom) said optimal conditions of general anaesthesia can be achieved by balanced combinations of agents, including total intravenous anesthesia. T. Gin (Hong Kong) reported that coexisting disease and surgical technique affect patient outcome more than choice of anesthetic technique. In one morning session on future directions in

anesthesia monitoring, eight speakers were from five countries, and in a day session on trauma management, 14 speakers were from 10 countries.

**Economics and Workforce.** Many delegates discussed socioeconomic issues important in their countries and practice settings. B. Wetchler (USA) reported that managed care, exclusive contracting, and economic credentialing were forcing anesthesiologists to reduce practice costs and to pay attention to the 4 A's—affability, accessibility, ability, and affordability. M. Cousins (Australia) described the importance of community support for anesthesia research, such as using the public interest in heroin to win government funds. H. Askitopoulou (Greece) reported that only 43% of operating rooms in her country are associated with postanesthesia care units, and that Greek anesthesiologists need more perioperative facilities to grow. C. Prys-Roberts (United Kingdom) reported on the need for crossrecognition of anesthesiologists trained throughout Europe and on the frustration of 10% of funds previously budgeted for British anesthesia departments now going to administrators.

F. Orkin (USA) reported that the United States was training too many anesthesiologists, who were now having difficulty getting jobs. This problem appeared unique in the world. M. James (South Africa) described a shortage of trained anesthesia providers throughout Africa, with many difficult practice conditions, and only \$3.96 available for drugs and supplies per case in one location. J. Lertakymanee (Thailand) described a similar shortage of trained anesthesiologists in Southeast Asia that resulted from an unpopularity of the specialty among potential trainees. Workforce shortages were even reported in Australia (M. Martyn), where 14% of public hospital positions are vacant and 1 in 10 anesthesiologists work more than 70 hours per week. Arduous working conditions may contribute to a high rate of suicide, which is the cause of death for 1 in 10 anesthesiologists in Australia's two largest states.

**Griffith Lectures.** Two featured lectures at the World Congress are named after Dr. Harold Griffith, the founding president of the World Federation and the introducer of curare into clinical anesthesia. Rod Westhorpe (Australia) presented one lecture, with the theme that keeping an open mind is what allowed some anesthesia researchers to advance the specialty, whereas others missed opportunities. J. Garreth Jones (United Kingdom) presented the other Griffith lecture on the future of anesthesia. With witty observations on the changes in society (more population, lawyers, and poverty, but also more expectations of success), he opined that the increasing pressures to deliver patients for surgery at minimal cost, and with marginal safety, may well erode the opportunities both for research and for providing a high quality anesthetic service.

**Overall.** This meeting was a massive, and successful, undertaking, with something for everyone. Even such uncommon topics as veterinary anesthesia, gender equity issues, anesthesia during military conflict, and anesthesiology as a health hazard were addressed. The multicultural, multinational approach stimulated and broadened even the most jaded or recently trained anesthesiologists. American anesthesiologists were amazed to find 16 companies displaying and selling anesthesia machines for the world market. Technologies such as patient-controlled nasal spray analgesia, immediate point-of-service laboratory testing, and anesthesia equipment to deliver xenon were unfamiliar to many.



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Delegates learned much about the diversities and commonalities of issues, interests, and talents within the world community of anesthesiologists. Saywan Lim (Malaysia), President of the World Federation, described this in his welcoming remarks: "The quadrennial World Congress... is a timely reminder of the long and arduous struggle by anesthesiologists all over the world for their specialty to be accepted and recognized as a major medical discipline. Coming together in Sydney will not only strengthen fraternal ties amongst the anesthesiologists of the world but also enable them to inspire one another in the common endeavor to make anesthesia safer for the patient."

The next World Congress is scheduled for Montreal in 2000; if similar to the 11th, it will be worth attending.

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**28th Annual Meeting of the Society for Obstetric Anesthesia and Perinatology.** Tucson, Arizona, April 30–May 4, 1996.

The 28th annual meeting of the Society for Obstetric Anesthesia and Perinatology was held at the Sheraton El Conquistador Resort in Tucson, Arizona. The Society for Obstetric Anesthesia and Perinatology (SOAP) is the officially recognized component society of the American Society of Anesthesiologists relating to the subspecialty area of Obstetric Anesthesia. The Society currently lists more than 1,000 active members, and more than 500 members attended the meeting, making it the largest annual meeting in the Society's history.

The annual meeting was preceded by a premeeting symposium "The Economics of Obstetric Anesthesia," organized jointly by the Society's current President, Sheila Cohen, M.B., and the annual meeting host, Craig M. Palmer, M.D. Its purpose was to provide an overview of recent changes in the medical economic climate on the provision of obstetric anesthesia services, and, specifically, the effect of "managed care" on those services. Leslie Allison, C.E.O. of Integrated Specialist Management Services of San Diego, CA, opened the discussion with a presentation on "The Medical Marketplace: Dynamics of Consolidation." Much of her talk focused on the strategy and evolution of ASMG Anesthesia Service Medical Group of San Diego as they adjusted to a marketplace increasingly dominated by large managed-care organizations. She highlighted some sobering statistics used by healthcare contractors to negotiate for anesthetic services, and emphasized the need for practitioners to develop and maintain sound actuarial data bases to be able to bargain effectively. James McMichael, M.D., of Capital Anesthesiology Associates of Austin, Texas, and a member of the A.S.A.'s Committee on Economics, spoke on "Anesthesia Practice and Reimbursement Scenarios." Concluding the opening session was Adrienne Lang, Executive Director of the California Society of Anesthesiologists; her presentation discussed the C.S.A.'s efforts in the legislative arena in California, including their success in causing the California Department of Health Services to review Medicaid reimbursement for obstetric anesthesia services, as well as their setbacks, such as Gov. Pete Wilson's veto

of a bill that would have mandated publication of the profit margins of all managed-care organizations.

The second session of the symposium was opened by Valerie Arkoosh, M.D., of Thomas Jefferson University Hospital in Philadelphia. She reviewed some of the fundamentals of economic theory and illustrated how they can be applied to everyday anesthetic practice to decrease costs and improve efficiency. She was followed by David Birnbach, M.D., Director of Obstetric Anesthesia at St. Lukes-Roosevelt Hospital Center in New York City, who, while pointing out some of the abuses heaped on obstetric anesthesiologists by HMOs, painted a generally optimistic picture; he noted that labor analgesia is seen by very few women as "optional," and consumer-driven initiatives have already been successful in several states. The final speaker at the symposium was Patricia Dailey, M.D., a member of the SOAP Board of Directors, who related the process by which her private practice group near San Francisco had evolved into an effective organization that could successfully negotiate contracts in response to the continuing consolidation of hospital and delivery services in Northern California. Her talk foreshadowed the transformation that many anesthetic practices in this country may undergo in the near future. The discussions that followed the scheduled presentations were lively and wide-ranging, and underscored the anxiety many practitioners feel when confronting these subjects.

After a festive opening reception on the evening of Wednesday, May 1, the annual meeting was called to order on the morning of Thursday, May 2. Mieczyslaw Finster, of Columbia Presbyterian Medical Center in New York, the outgoing president of the Society, moderated the Gertie Marx Symposium. The Gertie Marx Symposium, named in honor of one of the pioneers of obstetric anesthesia, is the Society's preeminent forum for the presentation of research by members in training, residents, and fellows; the competition includes cash prizes for presentations most highly judged by an international panel of scholars. More than 30 abstracts were submitted for consideration for the symposium, and five were chosen as finalists by the blinded reviewers. Third prize went to Lawrence Tsen of Brigham and Women's Hospital for "Combined Spinal/Epidural vs Epidural Analgesia: Effects on Progression and Outcome of Labor"; second place went to M.G. Parry and colleagues of The Royal Free Hospital in London for a study titled "Dorsal Column Function in Parturients Receiving Epidural and Combined Spinal Epidural (CSE) for Labor and Elective Cesarean Section." The winner of the competition was R.J. Goldsmith, of the Obstetrical Anesthesia Research Laboratory of the University of Iowa, who presented "Acute Reversible Umbilical Cord Occlusion Increases Extracellular Glutamate Concentration in the Cerebral Cortex of the Immature Fetal Sheep." L-glutamate plays an important neurotrophic role in the developing brain, and has been shown to result in neuronal damage in the hypoxic adult brain; the work indicates that alterations in L-glutamate concentrations in the developing brain can occur and may be a factor in the disruption of normal cortical development.

After the Gertie Marx Symposium, a new feature for the SOAP was unveiled, the position of the SOAP statistician. The position was created by the Board of Directors so members would have access to a professional with expertise in the statistical sciences, for consultation in the design and interpretation of studies and data. Stuart Baker, Sc.D., of the National Institutes of Health in Bethesda, MD, and an active member of the SOAP, is the inaugural occupant of the position. He gave a brief talk on how the membership could avail themselves of his expertise.

A perennial and popular feature of the annual meeting has been