Governmental Affairs: Your Advocacy Needed More Than Ever

Advocacy in the Time of Pandemic

Jennifer Root, MD, FASA

We make investments through ourselves, our time, and our money in the arenas of politics and public policy, leading the dialogue on physician-led anesthesia care, payment, physician health and wellness, and the future of our specialty. We also make annual installments to our political arm supporting those candidates and policymakers who demonstrate an interest in our issues and the principles that help us care for our patients. We work to develop relationships with our legislators because you never know when you might need to grab all the strings of connection that you created through your advocacy endeavors and yank on them when something terribly important occurs.

This past March unfolded with our ASA leadership pulling not strings but veritable parachute cords in a very visible and life-changing way for the health and survival of our entire country. Each and every practice had boots on the ground and created the lifelines that helped, and continue to help, carry their communities and patients through the deep end of the pool. The current pandemic, despite its collateral damage to the practice of anesthesiology, is THE VERY REASON WE MAKE THIS INVESTMENT INTO ADVOCACY IN THE FIRST PLACE!

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Usually this article and edition summarizes the most recent ASA LEGISLATIVE CONFERENCE, its attendees, and the specific speakers and messages they bring to our membership. This is the first year since the conference began that we did not all gather in Washington, DC, to celebrate our past year’s successes, collaborate on our challenges, and set our goals for the coming year. Instead, we were forced to be a little more creative – convening through virtual means and reimagining how we engage our nation’s legislators and policymakers in our new reality of social distancing and pandemic mitigation. We were challenged by ensuring the entire membership coordinated its message while practicing medicine during the COVID-19 crisis.

With technology and a little out-of-the-box thinking, we made it happen. Our virtual conference maintained a high level of engagement among all participants. Four members of Congress participated, including Reps. Andy Harris (R-MD), Anna Eshoo (D-CA), Nydia Velazquez (D-NY), and Phil Roe (R-TN). Although I wish we could have all met in person, it was great seeing that an audience of almost 700 stayed for the full virtual conference.

Our conference included a deep dive into the VA issue and economic relief for frontline physicians providing care for COVID-19 patients. The recent VA decision during the pandemic was one of those times that ASA pulled the strings in an effective and coordinated effort, and this investment into advocacy contributed to our successful efforts to maintain the physician-led anesthesia care team. Unfortunately, our success was undercut by the unilateral decision of VA Under Secretary for Health Richard Stone, MD, who cited the COVID-19 pandemic as the reason to overturn the physician-led anesthesia care team and permit “CRNAs to have full practice authority.” Although this unilateral decision came as a complete surprise, we are confident that it will be changed upon review. We prevailed before based on the proven safety of the physician-led team, and we expect to prevail again through a thoughtfully orchestrated effort to educate our legislators that COVID-19 is no reason to deviate from our shared goal of placing patient safety first.

As we go forward into the rest of the year, I personally challenge all ASA members to step-up, grab the rope, and pull in synchrony with your colleagues. Continue to make successful advocacy one of the top priorities for our specialty both federally and locally. Develop relationship with your local, state and federal legislators, administrators, and community leaders. Keep building those relationships and maintain those lines of communication.

You never know when our patients’ lives, and our own, may depend upon it. ■

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diaphragms were then rehydrated with 2 mL of cell culture medium for 1 hour. This medium was then placed in cells to evaluate viral growth. The results showed neither a single nor a 2- to 3-second wipe was adequate to eliminate hepatitis C viral infectivity. The 10-second wipe reduced the risk of contamination in most vials, but was not enough to completely eliminate hepatitis C viral infectivity in all vials. Interestingly, the US Centers for Disease Control and Prevention, the American Society of Anesthesiologists, and the Provincial Infectious Diseases Advisory Committee of Ontario all recommend the 10-second wipe with friction as the cleaning protocol for multidose vials to prevent the spread of infection from patient to patient.

The conclusion of the authors was that the only absolute way to prevent the spread of hepatitis C when administering medications to patients is either to have the pharmacy prepare single-dose syringes from multidose vials using aseptic technique or for manufacture and use of multidose vials to be eliminated.

In summary, the risk of hepatitis C virus transmission through contaminated multidose vials is real, and conventional disinfection methods do not eliminate the risk. ■

Bibliography

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