

## EDITORIAL

### A SHORTAGE OF ANESTHETISTS!?

THE present circumstances that have seriously depleted the anesthesia personnel in many hospitals have already stimulated many discussions about what needs to be done to keep the anesthesia service functioning properly. Some have glorified the situation by insisting that a "problem" exists. Others have sought to camouflage their helplessness by declaring that the object of their concern is a "problem." And finally a few may be artificially nuturing a situation who see therein an opportunity to create an order that may bring to them an individual or group economic gain or an improved prestige. It requires but the slightest deliberation to conclude that the present shortage of civilian anesthetists has created no more serious "problem" than will need be solved by all the specialties in medicine. The so-called problems that are created in the practice of anesthesia and all other special practices with the call to duty with the armed forces of thousands of physicians serve merely as a challenge—a challenge that is being met determinedly and with complete confidence. The situation will be mastered in the manner characteristic of American Medicine put to the test.

The scientific and educational organizations in anesthesiology are extremely elated with the prospects of depleting their civilian membership in favor of the armed forces. The costly experience with anesthesia in World War I, when there was not available a sufficient number of trained anesthetists and often those in uniform found no opportunity to display their talents, cannot be repeated now. There is no indication that it will be with anesthetists entering active military duty in large numbers and the armed forces utilizing their special knowledge and skill.

The American Board of Anesthesiology sees no disparagement in the interrupted graduate teaching programs that necessarily follow when the younger men in the specialty are in the service of their country. The time spent in such service is not considered as time lost in preparation for their future career in anesthesiology. The Board grants credit for military service toward fulfilling the requirements for certification and has the expressed conviction that such service will be extremely helpful to the individual and of great value to the specialty.

It seems not to be the better part of wisdom with the present circumstances for the medical profession to practice "piracy" on the nursing profession and enlist their special aid. Hasty and inadequate attempts to prepare technicians recruited from graduate nurses add to the shortage in the nursing profession that is already of no minor consequence. The armed forces need nurses just as they need physicians,

and they are having more difficulties in procuring them. The nurse has a duty to her profession and to her country, a duty that will be performed in her special field just as eagerly as it will be performed by physicians in their field. Rather than making efforts to enlist a greater number of nurses as technicians in any special practice of medicine, more consideration should be given to releasing those having such assignments in days of peace so that their special training may be available to the hospitals caring for fighting men and the rapidly depleting ranks of nurses for civilian needs.

Anesthesia will be continued. It may in some instances be accomplished by drawing on the remaining man power of physicians for help, and, in return, the anesthetist may carry some of the load in other practices. Surgeons with some experience in anesthesia who have forsaken it for their more lucrative practice may lend a hand. Others may reawaken their respect for gentle handling of tissues, reapply or gain new knowledge of methods for regional anesthesia and complete many of their operations satisfactorily and without pain for their patients by utilizing these procedures. Operating schedules can be adjusted to utilize the full time every one has to offer. The senior medical student when available is usually happy with the opportunity to administer anesthesia with supervision. Often it is possible to enlist from sources that have fewer demands from the military services. Many dentists are keen students of anesthesia with experience and skill. Educated individuals with some foundation in the biological sciences, who are not eligible for active military duty, may be pressed into service and can be developed as technicians quite as readily as the nurse.

Finally the enlistment of many specialists in anesthesiology in the service of their country has created no problem that differs from the shortage of physicians in all the medical specialties. The situation will be met after some systematic thought and genuine effort in each locality. The civilian hospital population will continue to have an anesthesia service and the war-time needs of the military services will not be denied the benefits that specialists in anesthesiology have to contribute. That is the way of American Medicine.

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