

EDITORIAL

THE IMMEDIATE POST-WAR PERIOD—BOTH A CHALLENGE AND AN OPPORTUNITY TO ANESTHESIOLOGY

THE war has been won since our last issue appeared. Science, together with industry and most of the essential pursuits, may now be redirected from the destruction of man toward his preservation. Medical science, as well as industry, now requires careful study and management to cope successfully with the situation designated by what has become the keynote of the times—reconversion. Anesthesiology, as a newer, but increasingly important segment of medicine, will encounter all the inherent problems of the entire field. It is natural, too, that additional problems will have to be met, problems indigenous to a line of endeavor recently established, without precedents and heritages to which to return. The period now before us, embracing essentially many of the opportunities of beginning anew, will offer to us a critical period which is fertile ground for possibilities of increasing our service to medicine as a whole. Therefore, the time immediately before us will be a challenge to the leaderships among us, and to the cooperative action of all members of our national organization. The problems and opportunities of the immediate future must not be dismissed lightly.

It could not come within the scope of a mere editorial to consider all the decisions now facing us. Among the more important is the opportunity for increased service both to patients and the profession as a whole. Before the war such activities as gas and oxygen therapy, springing from the anesthesiologist's knowledge of gaseous exchange; therapeutic nerve block, because of training in anatomy and regional anesthetic practices; the management of certain intravenous therapies, transfusions of blood and plasma; and others, gradually, one by one, with logic and with seeming inclusive satisfaction, were periodically added to the accepted and now required activities of our members. During war time, the army found it feasible and efficient to place anesthesiologists in charge of operating pavilions. Because of our youth and opportunities, we should continue during the post-war period to be progressive. We should be alert to the possibilities of broadening our horizons toward studying and enlarging through conscientious effort those aspects of medicine at present but slightly utilized. This should be part of our obligation, because of the basic scientific and technical training necessary to apply anesthesiology.

The success of the specialty has been culminated by a series of phases, now historical. It was initiated by a few pioneers who excelled in technical skill developed by obstinate application to a specialty rarely entered by men of vision and capability, because it had temporarily contracted to a mere technical field. That this contracture was initiated, perhaps, largely through economic pressure, is beside the point in this discussion. Sufficient to state that even the technical application of anesthesia suffered in the end, to the detriment of the patient and surgical development. From this dark age, anesthesiology has risen to its present status, through the efforts of those in its ranks to learn, know and to apply the knowledge provided by the basic sciences and the experimental laboratories, as well as from other clinical branches of medicine. Thus established, it is important to make certain again at this time that mere technical skill alone (although vastly important to the preservation of human life, and therefore not to be minimized) should never be the sole goal or requirement for the designation of anesthesiologist.

There is little ground for disputing the fact that the field for the application of the specialty will now be materially expanded, calling for larger numbers of capable anesthesiologists than perhaps can now be supplied. This includes opportunities both real and acknowledged, as well as only potential in character for the time being. A portion of these opportunities will be accepted by personnel to be discharged from the armed forces when circumstances permit. Many more will need to be trained. The mechanisms of bringing to institutions men whose abilities are commensurate with the requirements, and of encouraging the training of others, can be aided to a great extent by our national organization. We hope and believe this will be done. The American Society of Anesthesiologists has now grown to the point where it can and should be no small factor toward assistance to its members and the whole future of the specialty. Many men were hurriedly, technically trained to administer anesthetics during the war emergency. Many of these since have rendered service in value entirely out of proportion to their necessarily limited training. From present indications, a goodly proportion of these men will and should desire to continue work in the specialty. They should be encouraged first to complete their basic training immediately upon their discharge, and not commit the error of missing the most opportune time to prepare themselves adequately for the application of anesthesiology according to present requirements.

Much has been written recently about the economic aspect of medicine in the future. It has been said repeatedly that there will be a change, but of what it will consist, no one knows at the present time. Many anesthesiologists have been discontented with the economic side of the specialty as it now exists. It has been repeatedly stated that from the point of services rendered, anesthesiologists as a group have a rather dim expectancy for a financial return commensurate with the physical efforts expended and the training, skill and knowledge required. It is true that there have been glaring examples of the utilization of the activities of anesthesiologists for the financial return to others. This aspect at the present time requires careful thought and study by all concerned. If a solution cannot soon be found, the specialty will not attract sufficient numbers of men mentally equipped to maintain a high standard of service. In future discussions, the rights of all should be clearly and frankly outlined, and neither side should make exorbitant demands, nor give way to unfair practices. It is hoped that the American way, so successfully defended by our nation recently with its inherent love of fair play, will decide this and other problems after free and open discussion by both sides, fairly and equitably to the satisfaction of all.

Both challenges and opportunities offered by the immediate future can, we think will, be successfully met by anesthesiology, but only through clear logical thinking and unmitigated application of effort of all concerned. Within the specialty, this calls for action not only from the present officers and those in present leadership otherwise, but all in authority intimately concerned with its application.

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