

## Editorial Views

### *The Expanding Role of the American Society of Anesthesiologists*

ANESTHESIOLOGY has participated in the explosive increase in scientific knowledge that has occurred in the past ten years in a variety of areas. Our specialty has broadened its scope in ways not envisioned a decade ago. As a result, approximately 50 per cent of the budget of the American Society of Anesthesiologists (ASA) is being expended, directly or indirectly, in the continuing education of its members. The Annual Meeting and Refresher Courses, the Regional Refresher Courses and Workshops, the American College of Anesthesiologists' Self Evaluation Examination, the Resident In-Training Examination, the Wood Library-Museum, this Journal, Refresher Course publications, and other ASA publications are all mechanisms to help each anesthesiologist cope with the knowledge explosion. New ASA committees have been formed to evaluate educational needs and educational resources and to develop innovative techniques and programs that will enhance the ability of each participant to retain important knowledge. In recent years the ASA, its component societies, and academic anesthesia departments have provided a significant expansion in continuing education opportunities not only for anesthesiologists but for all members of the anesthesia care team. By providing mechanisms for continually updating education now, future mandatory requirements for continuing education

or re-certification or relicensure will be less chaotic and perhaps less onerous.

Within the last several years expanded knowledge has sparked the development of six subspecialties in anesthesiology.\* These subspecialties have attracted sufficient anesthesiologists so that it has become desirable for each of these groups to establish a formal society. Each of these subspecialties now holds at least one annual scientific meeting. It is natural that they should meet with their related specialties societies in pediatrics, obstetrics, neurosurgery and cardiovascular surgery, but it is important that our subspecialties relate to ASA activities as well. This year, they have conducted a series of breakfast forums at the ASA Annual Meeting and in 1977 will, in addition, be represented in parallel ASA Annual Meeting and Clinical Care Committees. In this way, subspecialist expertise can be conveyed to the ASA membership. In return, the ASA, without dominating the subspecialties, can provide support for the legislative and other special concerns of the subspecialty societies.

\* Subspecialty Societies in Anesthesiology: Association of Cardiac Anesthesiology; Society of Critical Care Medicine; Society of Neurological Anesthesia; Society of Obstetrical Anesthesia and Perinatology; Section on Anesthesia—Academy of Pediatrics; American Society of Regional Anesthesia.

In the last three years the ASA, through its Committee on Research, has provided seed money for new and young investigators. Some of its funds have come from the ASA membership, the Francis B. Parker Foundation, and just recently, from a Fiftieth Anniversary Grant from the International Anesthesia Research Society. Academic and research activities in anesthesiology have received support from a number of additional diverse sources. The National Institute of General Medical Science has funded five anesthesiology research centers. Specific projects have been supported by a variety of governmental agencies, pharmaceutical manufacturers, and foundation grants. Despite a shortage of anesthesiologists to fill academic and research positions, significant contributions have been made by this group in the areas of respiratory physiology and the pharmacology of anesthetic and adjuvant drugs. Particular emphasis has been focused recently on biotransformation of anesthetic agents because of our concern relative to the occasional toxic effects of these agents.

For the past 12 years, the ASA, through its Committee on Mechanical Devices, has been deeply involved in part with the funding of representatives to the Z79 Committee of the International Standards Organization. As a founding sponsor of Z79, the ASA has been dedicated to the standardization of anesthetic and respiratory equipment, standard nomenclature, and safety standards for the protection of patients receiving anesthetic and respiratory care.

Through its Committee on Flammable Hazards and Electrical Equipment, and its Committee on Hospital Planning and Construction, the ASA is participating extensively in the deliberations of many organizations committed to the protection of patient and personnel in the hospital environment. The ASA through its representatives and financial support participates in the activities of the American Blood Bank Association, the Joint Committee on Prenatal Care, the American Medical Association Program Committee on Cardiopulmonary Resuscitation, and the Joint Review Committee for Respiratory Therapy. Expanding knowledge necessitates these expanding demands and the increased responsibilities placed upon a mature professional society such as the ASA.

The ASA, in recognizing its responsibility to plan for *all* anesthesia care, has recently turned its attention to the qualifications, education and continuing education of non-physician personnel who are part of the anesthesia care team. Regional programs have been developed for recovery room nurses and for anesthesia technicians. The ASA intends to coordinate many of these activities in the future through an Ad Hoc Committee on Non-physician Education. As one contemplates the expansion of knowledge in anesthesiology, there is little question that to improve patient care there is a need to have strong anesthesiologist input into nurse anesthetist training schools and into continuing education for nurse anesthetists. The Joint Commission for Accreditation of Hospitals now requests that qualifications and duties of all personnel working in a department of anesthesiology, including hospital-employed nurse anesthetists, be reviewed by the departmental chairman. Thus, this is not only an educational responsibility but it may have legal implications as well. The development of an upgraded accreditation and certification process might offer the opportunity to improve the educational programs for nurse anesthetists. The ASA, the American Board of Anesthesiology and the Faculties of Nurse Anesthesia Schools have all considered such an alternative. The ASA recognizes its obligation to add this responsibility to that of the education of all other non-physician personnel in the anesthesia care team.

Our academic organizations, the Society of Academic Anesthesiology Chairmen, and the Association of University Anesthetists, as well as the American Board of Anesthesiology, the AIA Section on Anesthesiology, and the Anesthesia Foundation have all established more frequent dialogs with the officers and committees of the American Society of Anesthesiology. The participation of almost every anesthesia organization in the United States in this process attests to the confidence that these bodies have in the expanded goals and purposes of the ASA, and in its officers and staff.

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